	11.	FOR STATE		DEPARTMENT OF HE	ALTH AND MENTA	L HYGIENEO 3	5 2	3 8 0
338154		REGISTRAR	ME	DICAL EXAMINER	S'S CERTIFICATE	OF DEATH	REG. NO.	
300104		CEASED NAME PRINT)	TI	MIDDLE G	7L TON	20. DATE KN OF DEATH M	ESTI-	DAY YEAR 26 HOUR
PLEA SHECTON NUR FILE NUSTREE	3. SE:		DATE OF BIRTH	YEAR LAST BIRTHDAY)	IF UNDER 1 YR. IF UND	DER 24 HRS. 2c. DATE	MONTH	DAY YEAR 2d HOUR
ECESSAR NESAL D FOR YOUTHIN	7a. B	RTHPLACE ISTATE OR 76 REIGN COUNTRY)	CITIZEN OF W		MARRIED NEVER MA	9 BALTIMOI	RECITY OR COUNTY	OF DEATH
AY 5 N	0 C			SPITAL, NURSING HOME, O		12a USUAL OCCUPA EOR MOST OF WORKIN	G LIFE)	KIND OF BUSINESS OR INDUSTRY
21201 F ANY DEL AND 3 TO RETAIN . HOULD BE	30 S	AL RESIDENCE   IF IN NURSING HOME ORDITATE IS COUNTY	THER INSTITUTION, GI	TITUSVILLE	13d. INSIDE CITY LIMITS		MARIE DE	29999
IMORE, MD. TER DEATH. PAGES 1, 2	J4. F.	KOBERT C	UDDLE	ALTON		HERINE	Cou	UEN
SATTIMORE. S AFTER DEA GIVE PAGES TITH FORM P PAGES JAN WISSON OF W	16a. \	VAS DECEASED EVER IN U.S. ARMED ES. NO, OR UNKNOWN)   IF YES, GIVE WAR	) FORCES?	16b. SOCIAL SECURITY N	o. IT. INFORMANT	0000	SAME AS	13
TED VITHIN 24 HAMB N PELCIL CREATER 8. SXAMLER ALONS W AL TRANSERE, D MENTAL HYGIENE, D IN, OR REMOVAL.		18 CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED BY IMMEDIATE Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .	Y: CAUSE (a)  DUE TO, OR  (b)	0 1 1	domoveth	ge, ulcer+	hic decise	APPOXIMATE INTERVAL SETWEEN ONSET AND DEATH
ECORDS. 2 BE DECU BADING" II AEDICAL E AS A BURIL ALTH AND CREMATIO	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CON-	. 1 11	BUT NOT RELATED TO THE TERMINAL	OISEASE DR CONDITION GIVEN II	N PART 1 (a).		
MAL B	TIFICAT	19a. DATE OF OPERATION		TION FOR WHICH OPERATI	ON WAS PERFORMED?	M. Le		20 AUTOPSY?  YES NO NO
DIVISION OF V SCENTFICATE S RITING THE W RDED TO THE V RESPARANCH RESPARANCH OI PROSENTE BR OI PROSENTE	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS  UNDERLYING ☐ OR  CONTRIBUTING ☐ CAUSE OF DEA  214. INJURY OCCURRED	TH P.M	L. MONTH DAY YEAR		RRED (ENTER NATURE OF INJUR	IN ITEM 18 PART 1 OR PART 2	9
DIVII THIS CER WARDED WARDED TATE DEL	MEG	WHILE NOT WHILE AT WORK	21e PLACE ( STREET, FACT	OF INJURY LATHOME, 7 TORY, FARM, ETC.)	If. LOCATION STREET	CITY OR TOWN	COUNT	Y STATE
DICAL EXAMINER: IT THE CERTIFICATE		220 I certify that I took charge of death resulted fram: Housel of ACTUAL SIGNATURE	No.	ecribed abave, held an  Ascident , Suicide	Autapsy , Inspec  Hamicide TITLE (SPECIFY)	tian	DATE	Nov 17,85
TO MEDIC EXECUTE PAGE 4 S TO FUNE STER DE	1	EXAMINER'S NAME H N	Well	ks .	ADDRESS_	Northan Av 1	Argerston	HD
999999	C	URIAL, CREMATION, REMOVAL 23% IN PECIFY)  PEMATION  WERAL DIRECTOR	119/85	5 MITHS BURG	CREIN ATORIO	M SMITHS BC	JAG WAS	SH. MO
DHMH - 17 (VR A15 ME (5))	1	National )	ADDRESS ANN	e Hancock	- MOECO	2 000 Julia	Jundon Pon	Salure

STATE OF MARYLAND

338188	1-	FOR STATE		C			MARYLAND H AND MENTAL H	YGIENE 5	3 2	2	5 1	
SUGIO		REGISTRAR		WED	DICAL EXAM	AINER'S	CERTIFICATE	OF DEATH	REG. NO.			
./		CEASED NAM	E FIRST		WIDDLE		LAST	20. DATE	KNOWN X MON	ITH DAY	YEAR	26 HOUR
2000	[117	E OR PRINT)	CHRIS	STY SHA	RON	BAF	BINGTON	OF DEATH	MATED 11	24	10 85	
A CHEST	3. SE)	(	4 RACE	5. DATE OF BIRTH	6. AGE	IN YEARS IF UP		24 HRS. 2c. DATE			YEAR	2d. HOUR
Z H Z H Z H Z H Z H Z H Z H Z H Z H Z H	F	emale	White	July 5.	1942 4	IRTHDAY) MONT	HS DAYS HOURS	MIN PRONOUN		21	1985	6:10
STO / STO	-		TATE OR	76. CITIZEN OF WH	-	18		_ 19. BALTIM	ORE CITY OR COL			I PM
DELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. N PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 72 HOURS. R\$7-201 W-RRESTON STREET.	FC	REIGH COUNTRY	York	U.S.A.			IED X NEVER MARR	IED 📙			, , , , , , , , , , , , , , , , , , , ,	
A PLANT	10. C	TY OR TOWN		11. NAME OF HOSE	PITAL NURSING H	WIDOV		TYCOLI	ington Co		ND OF BUS	MD
A HE BEING	1			(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDI	(ESS)		housew.		OF	RINDUSTR	Υ
A C A R S		Keedysv		Rt. 1, BC	x 277, D	ogstree	et Rd.	nousew.	11e	OWI	n hor	ne
	13a S	TATE	13b COUN	TY	13c. CITY OR TOV	VN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRE	SS	1	789	15
D. 21201 IF ANY DELA 2, AND 3 TO 3. RETAIN PA SHOULD BE I URECORDS.		Md.		hington	Keedysv	ille	YES NO		1 Dog S	1.	OK	
, MD.	14, F/	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAID	ENNAME	NIDDLE		LAST	
DEATH PAND AND AND AND AND AND AND AND AND AND		E.		S.	CONWAY		VIRGIN	VIA	In Case 1	MAR	SHALL	
TIMOR TER DE FORM SES 1 A SON OF	16a. V	VAS DECEASE	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SEC		17. INFORMANT		ADDRESS			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S. ERJEKCATE SHOULD BE EXECUTED WITH GLAD WIS AFTER DEATH. IF ANY RITING THE WORD. PENBING" IN FEMAL OF HITH FORM PM. 3. RETA RED TO THE CHEE MEDICAL EXAMINE THAN SO WITH FORM PM. 3. RETA RES 3 SHOULD BE USED AS A BURRAIT TRANSFIRMENT PAGES INAND 2.54COULD RES 3 SHOULD BE USED AS A BURRAIT TRANSFIRMENT PAGES INAND 2.54COULD RED SHOULD BE USED AS A BURRAIT TRANSFIRMENT PAGES INAND SHOULD RED SHOULD BE USED AS A BURRAIT TRANSFIRMENT PAGES INAND OF WIAT RECO		Vo			213-40	-6834	Robert H	Babington	a Keed	ysvi	lle,	Md.
2000		18 CAUSE O	F DEATH (Enter on	ly one couse per line	for (o), (b), ond (c)	.)					PPROXIMATE I	
SN CHARLES		PARTIDE	ATH WAS CAUSEI	TE CAUSE (6) Per	forating	qunsho	ot wound of	head (ri	fle)			
OF STATE OF					AS A CONSEQUE							
E E E E			ns, if ony, which se to immediate	(b)								
W WASHERS		couse (o	stating the under-	DUE TO, OR	AS A CONSEQUEN	VCE OF						
201 DAMESTA		lying cou	ise lost.	(e)								
AAN		PART 2 DINER SE	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH R	UT NOT RELATED TO THE	TERMINAL DISEAS	E DR CONDITION GIVEN IN PA	RT 1 (o)				
S A S A S A S A S A S A S A S A S A S A	Z											
ALEGA ME	¥	19a. DATE OF	OPERATION	196 CONDIT	ION FOR WHICH	OPERATION W	AS PERFORMED?			20 /	AUTOPSY?	
VITA SHORE BUREA	F									H	ead 0	nly
OF VI	CERTIFICATION		AL CAUSE WAS	21b. TIME OF	INJURY	21c. H	OW INJURY OCCURRE	D LENTER NATURE OF INJ	JURY IN ITEM 18 PART 1 O		20 24	
NOF THE VALUE OF THE VALUE OF T		UNDERLYING	OR CAUSE OF I		11-24-		elf-inflict	be-				
ISIO DE PERENTE DE LA PERENTE	MEDICAL	21d INJURY C		21e PLACE C	FINJURY (AT HO	AE, 211 LO	CATION	.cu.				
PIN NET DIV	Σ	WHILE T	NOT WHILE D	STREET, FACTO	ORY, FARM, ETC.)	D+	1, Box 27	CITY OR FOW	sville, V	COUNTY	naton	STATE
PANA STA	1		11.0			Head (	DniyDogstre	et Ra.	SATITE, A	vasiiii	.igcon	, PID
2505E	1	22a. I certi	fy that I took chorg	e of the remoins desc	ribed obove, held			n . Inquiry	, ond in my	opinion		
MEM PES		deoth result	ed from: Notur	ol couses	Accident,	Suicide X	, Homicide	Undetermined mo	nner,		1	
<b>₹</b>		ACTUAL	An ~	DAM.			TITLE (SPECIFY)		DA	TE .		
SER SER	1	SIGNATURE.	VIII	NA		N	.D. Assistant	MEDICAL EXAM	INER SIC	NED_1	1-25-	85
2558 8.0558		EXAMINER'S (TYPE OR PRI	NAME Ann	M. Dixon,	MD		111	Penn St.,	Balto.	MD	21201	
TO MEDICAL EXAMINER. EXECUTE THE CERTIFICATE, PACE 4 SHOULD BE FORF TO FUNKRAL DIRECTOR. AFTER DEATH WITH THE S BALTIMORE MARYLAND.	20.						ADDRESS		50100.7			
F M G F 4 80	230.B	PECIEYI	TION, REMOVAL 2		A .		OR CREMATORY	23d. LOCATION		OUNTY	STA	TE
07/84 BP	24 51	Bur	1.00	ov.27,19			Cemetery	Keedysv		ish.	Md.	
DHMH - 17	24. 1			ADDRESS	21	769	111	REC'D. BY REGISTRA		5 SIGNAT	JRE	
(VR A15 ME (5))		THOMP	son run	eral Hom	e Midd	letow	n, Md.	EU 2 198				1

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A TAITE OF A STORY ... LANCOT ... P.

21 3- WH- 51 34 Tobast Enlington Kieseswiller, 34.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

-/STATE

REGISTRAR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	10.			
20. DATE OF DEATH	MONTH 11	05	85	7:35

INDUSTRY Farm 12h, KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH one hour

IF UNDER 24 HRS

21783

1		OR PRINT)	David	,	Farl	Bac	htell		76. DATE OF DEATH	11	05	85	7:3	
	3. SEX	Male		4 RACE Whit	e	5. DATE C		*i2	6. AGE (IN YEARS LAST E	SIRTHDAY) YRS.	MONTHS.	DAYS	HOURS	WI 54 HI
8	C	RTHPLACE (STATE OF	DR FOREIGN	U.	WHAT COUNTRY?	WIDOWE		MARRIED	9 BALTIMORE CITY Washington	OR COUNT	TY OF DE			
1	На	TY OR TOWN OF D agerstown		WESTERN	HOSPITAL, NURSIN HEACILITY, GIVE STREET MARYLAN	ADDRESS) D CEN'		STITUTION	TYPE OF WORK FOR MOST		LIFE IND	LISTRY	arm	55 (
6	13a. S	MD	Wash	ington	Smithsb	/N	YES 🗌	CITY LIMITS?	13 STREET ADDRESS	x z 461	DE 4		217	33
0	14. FA	THER'S NAME FIRST Earl		MIDDLE	Bachtel			Virgie	WIDDLE			Day	hoff	
1		VAS DECEASED EVE (ES. NO OR UNKNOWN) NO		MED FORCES?	215-36-		Mrs.		Bachtell	Smit	hs bu			
i,		PART I. DEATH	WAS CAUSE	nly one couse per D BY: [E CAUSE (a)	line for (a), (b), on Acute My	dici) cardi	al Ini	arction	1				hour	
		Conditions, if ony, which gave rise to immediate  DUE TO, OR AS A CONSEQUENCE OF  Parkinson's Disease									Years			
		cause (a), sta underlying cau PART 2. OTHER SI	ise last.	(0)	R AS A CONSEQUE		NOT RELATE	D TO THE TERM	NINAL DISEASE OR CO	NDITION C	GIVEN IN F	PART 10	2	_
7	CERTIFICATION	19a DATE OF OPER	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?	IN CERT	YES, WERE			
1		21a. ACCIDENT WAS LOOK CONTRIBUTING	CAUSE OF DE	NIH.	M. MONTH D	AY YEAR	21c. HOW	NJURY OCCUR	RED (ENTER NATURE OF IN			PART 2)		
	MEDICAL	216 INJURY OCCL	WHILE	21e PLACE (AT HOME STE	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	211. LOCAT		CITY OR	TOWN	COL	UNTY	ST	TATE
		220. I certify that sow the dece abave, (I) (Xe		tal) attended th		85 , or		, 19 <b>65</b> () ( <b>XX</b> apinian	death accurred an the		, 19_ <b>0</b> our and fr	,	thot 🖔 (w causes sta	
	0	22L SIGNATURE	10	5	MI		DEGREE		MEDICAL ST	AFF ICIAN []	-	1-5-	SIGNED	
1		Kyung	S Kin	n, M.D.				Pennsyl	Lvania Aver	nue				
1		SURTAL, CREMATION Bur	N, REMOVAL	Nov.8			EMETERY OF	crematori	23d LOCATION Smiths b	urg.W	ash."	٧d.	ST	ATE

DHMH - 16 50M 4/B3

MPORTANT: If Hem 21 is marked or Hem 18 shaws on

24 FUNERAL DIRECTOR (VRA 15, 4)

Smithsburg, Md. Davis Funeral Home

Smithsburg, Wash, Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

that ( (we) last

Control and Contro

## STATE OF MARYLAND

					40	
EPARTMEN	T OF	HEALT	H AND	MENTAL	HYGIENE	
C	ERT	IFICA1	E OF	DEATH		

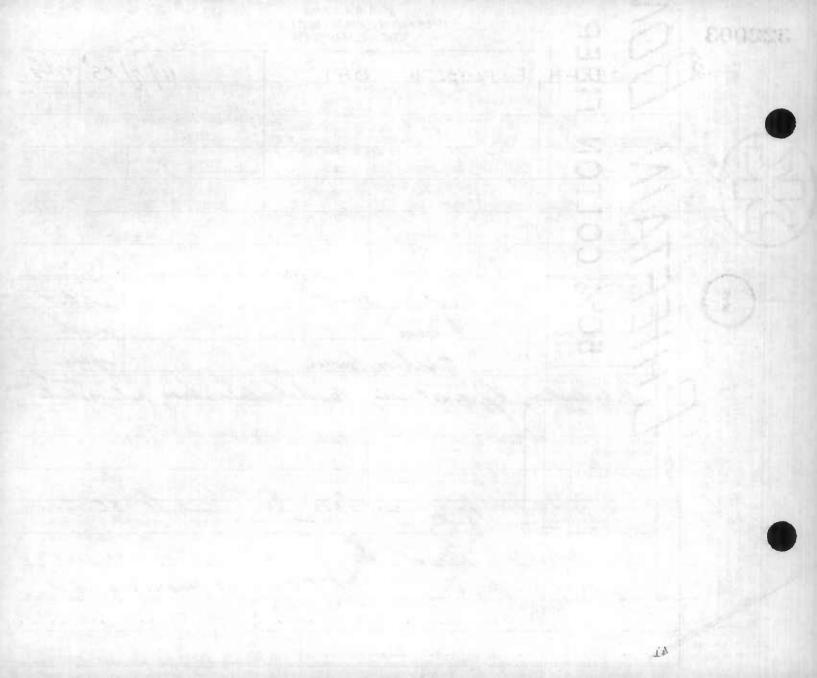
1	REGISTRAR		CERTIN	ICAIL OI DEATH	REG. NO.				
	I. DECEASED NAME FIRST	WIDDLE	l	AST	20. DATE OF DEATH MONTH D	AY YEAR	2b. HOUR		
	SARAH	ELIZABET	CH	BATT	11/7	/85	750 M		
	3. SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY	IF UNDER I YEAR	HOURS MIN		
	female	white		ber 25, 1902	83 YRS		HOURS MIN.		
1	TO BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH			
	Hagerstown	USA	WIDOWE		Washington		MD.		
7	Hagerstown	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ST Washington Co			120 USUAL OCCUPATION LIYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 1 NOUS EWILE				
	USUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION)						
7	13a STATE 13b COUR			13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	0.0	01700		
		ington   Fair P	lay	YES NO X	Route 1, Box	: 22	21733		
P	14 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	WIDDLE	LAS	ī		
1	William	Vale	ntine	Katherine	Hu	ber			
	160 WAS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMANT	ADDRESS				
	(YES, NO OR UNKNOWN) (IF YES, GIV	214-09	-5397	Russell P. Ba	att, Fair Play, M				
	18 CAUSE OF DEATH (Enter or	ly ane cause per line far (a), (b	, and ic			APPROXI BETWEEN	IMATE INTERVAL ONSET AND DEATH		
	PART I DEATH WAS CAUSE IMMEDIA	TE CAUSE (a) Lack	live 6	ment		ini	tout		
ı	-	DUE TO, OR AS A CONSE	EQUENCE OF				.11		
	Conditions, if ony, which	( 16) Will	ma			Alon	ible		
•	gave rise to immediate cause 10), stating the	DUE TO, OR AS A CONSE	FOUENCE/ÓF						
	underlying cause last.	(c) The	aprox	dunei		ye	ME		
١	PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 10	Vient Bus		
	o Dependentis	in hyround	tremen	. Cerenal a	descriptions of	luinge	clarles		
9	5 190 DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERAPIO	N WAS PERFORMED		, WERE FINDIN FING CAUSES			
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING				YES NO YES		NO 🗌		
3		LICINO A II MONITH	DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)			
-	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19		September 1 February				
	(IF EITHER NOTIFY MEDICAL EXAMINED  21d INJURY OCCURRED	21e. PLACE OF INJURY LATHOME STREET FACTORY, OFF	FICE EARM FTC )	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
	AT WORK NOT WHILE AT WORK	(A. House States The John), Oliv	ne, man ene	/					
	220.1 certify that (1) (this haspe	ital) attended the deceased fro	om/	6/2/ 19 83		981	that    (we) lost		
		at) view the bady after death	19, ar	nd that in (my) (our) opinion o	death occurred on the date and haur	and from the	causes stated		
	22b. SIGNATURE	. , 1,		DEGREE		22c. DATE	SIGNED		
	Estra	will Mac	rolly !	ATTENDING PHYSICIAN TO	MEDICAL STAFF DIRECTOR PHYSICIAN	11/7	185		
	22d. PHYSICIAN'S NAME (TYPE C	)R PRINT)	/	22e ADDRESS					
	Edson	B. Moody			× 163 Hogerto	auk, 1.	ud.		
	230 BURIAL, CREMATION, REMOVAL burial			EMETERY OR CREMATORY	23d. LOCATION	FOUNTY CO	T1_STATE_1		
	Durial	Nov.11,1985	St. Mark	s Epis.Cem.	Lappans Cross.,	Hag., W	asn.,Md.		

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

Cross., Hag., Wash., Md.

415 E. Wilson Blvd., Hagerstown, Md. 21740



## STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CLICITI	ICAIL OI	P 1.71111	RE	G. NO.		
1. DECEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEA	TH MONTH	DAY YE	AR 26 HOUR
	rankli	in	A.	Be 11	Live 4		Nov.	17	1985	4:30 R
3. SEX		RACE		5. DATE			6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER 1	
Male		Whit	te	Oct		1906	79	,	RS MONTHS	DAYS HOURS MIN.
To BIRTHPLACE (STATE OFF	DREIGN 7b.	CITIZEN OF	WHAT COUNT	PY2 8		MARRIED -	9. BALTIMORE C			тн
Maryland		V.S	5.A.	WIDOW		NORCED T	Wash	ington	County	MC
CITY OR TOWN OF DEA	TH 11			RSING HOME	OR OTHER IN		12a USUAL OCC			ND OF BUSINESS OR
Hagerstown			-	County	-	al	Area Off	ice M	gr. El	ectric Pov
USUAL RESIDENCE (IF NURSI 30 STATE Maryland	NG HOME OR OT 136 COUNTY Wash	ington	136 CITY OR T	OWN	13d INSIDE	CITY LIMITS?	13e STREET ADDE	Box	314 2	21740
A FATHER'S NAME	MIE	ND16	LAST		15. MOTHER	'S MAIDEN NA		DLE		1457
Frank	D.		Bell			Katheri		DIE.	Str	rite
160. WAS DECEASED EVER			166 SOCIALS	ECURITY NO.	17 INFORM		-	DDRESS R	. D. 5	Box 314
(YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES	214-1	0-4626	Mrs.	E. Paul	ine Bell	Hage	rstown.	Md. 21740
18 CAUSE OF DEATH	LiEnter only	one couse ner	line for (a) (b)	and ic						PPROXIMATE INTERVAL WEEN ONSET AND DEATH
gave rise to imm couse (a), stating underlying couse	g the lost.	(= (c)	R AS A CONSE		NOT RELATE	D TO THE TERM	AINAL DISEASE OR	CONDITIO	N GIVEN IN PA	RT tra
	MICANI CO	NDINONS CO	SIVINIDOTINO	TODEATT	THO I NECATE	D TO THE TERM	MINAL DISEASE ON	CONDINO	N ON EN BATA	NT NO
190 DATE OF OPERAT	ION	196 COND	ITION FOR WH	HICH OPERATIO	N WAS PERF	ORMED	200 AUTOPSY	20b.	IF YES, WERE F	INDINGS USED
TX .							YES NO		YES 🗌	NO 🗌
	AUSE OF DEATH		M. MONTH	DAY YEAR		NJURY OCCUR	RED (ENTER NATURE O	of injury in Ite	M 18 PART I OR PAI	RT 2)
OR CONTRIBUTING CONTRIBUTION CO		21e. PLACE	OF INJURY REET, FACTORY, OFF	ICE, FARM ETC )	21f LOCAT		CITY	ORTOWN	COUN	TY STATE
220.1 certify that (1)	(ther-hespetal	ottended th		13	29	, 19 85	, to	-17	19 85	, that (1) (we) lost
sow the decease above, (1) (wet) (d		view the body		9 85 , 0	nd that in (my	) (our) opinion	deoth occurred on	the dote on	d hour and from	m the causes stated
22b. SIGNATURE		00			DEGREE		i ma Tali		22c. [	DATE SIGNED
Crue h	Wag	Shoul			40		DIRECTOR P	STAFF HYSICIAN [	1 11-	-17-85
Brie M.		7.			1825		Rd., Hag	gersto	wn, Md.	21740
23a BURIAL, CREMATION,	REMOVAL	23b. DATE		23¢ NAME OF	CEMETERY OR	CREMATORY	23d. LOCATION	V WN -	COUNTY	STANIN
Burial	-6	11/20/	1985	Leiter	sburg	Luthern	n Leiter	rsburg	Washi	ington "Md

14 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

11/20/1985

Leitersburg Lutheran

50 S. Broad St 250 DATE REC'D. Waynesboro, Penil

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nethn Corner		***	. 1, 2, 1		
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				1.7	
energen, No. 617bD	gar , Howard	2017		2019 E1 +	) 1.
elarg diladon M	A	gettightga.			

373094	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF I	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	GIENE SEG. NO	3 2 3	g <b>3</b>
be 3 ge 3 learth		CEASED NAME FIRST	middle $Fra$		n t	11-13-85	MONTH DAY YEAR	11:30 AM
ge 4 moy	3. SE	Female	4. RACE Caucasian	5. DATE (		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE MONTHS DATE	
neral dir nn 72 hou	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY)  S. D.	75. CITIZEN OF WHAT COUN	TRY? B MARRIE WIDOW	D NEVER MARRIED DIVORCED		R COUNTY OF DEATH ington	MD.
s after d by the fu filled with	10. C	Hagerstown	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ! 1110 Sherman	STREET ADDRESS)	DR OTHER INSTITUTION	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOSTO housewife	F WORKING LIFE) INDUSTI	O OF BUSINESS OR
filled in nould be	13ª Mc	al residence (if nursing home state land was		BEFORE ADMISSION) TOWN TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	erman Ave.	21740
ompletely ond 2 st	14. F/	THER'S NAME Joseph	MIDDLE Plat	t	SUSAN	MIDDLE		ith
nd cc iges	16a \	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (1F YES,	CIVE WAR OR DATES	SECURITY NO. 10-6774D	17. INFORMANT	addre non, Hagers		
NG PHYSICIAN: The law requires that the deal be executed within 24 hours ottending physician.  Ifter this certificate has been signed by the account from an and completely filled in by as the buriol. It and Memal Hygiene prior to buriol, crematant green.  If and Memal Hygiene prior to buriol, crematant green.  The and Memal Hygiene prior to buriol, crematant green.  The and Memal Hygiene prior to buriol, crematant green.		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)					
he law requires on. has been signed permit. Then pl ene prior to buri ows any injury, o	CERTIFICATION	PART 2. OTHER SIGNIFICAN	T CONDITIONS <u>CONTRIBUTING</u>			20a AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED
3 PHYSICIAN: T iftending physici er this certificate the burial-transi and Mental Hygi ked or them 18 sh	MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER, NOTIFY MEDICAL EXAM) 214 INJURY OCCURRED  WHILE ALWORK ALWORK	DEATH HOUR A.M. MONTH	19	21c. HOW INJURY OCCUP 21f LOCATION STREET	RRED (ENTER NATURE OF INJUI CITY OR TO		2) STATE
by the hospital or by the hospital or ERAL DIRECTOR: A e detached for use State Dept. of Heal		220.1 certify that (1) (this has saw the deceased alive above, (1) (we) (2001) (did 11) 5 - 14 14 14 14 14 14 14 14 14 14 14 14 14	nat) view the body after death.	19, o	22e. ADDRESS	death occurred on the do	22c. DA	1-13-85
Pb retained TO HOSI	23a. I	BURIAL, CREMATION, REMOV		23c. NAME OF C	TEMETERY OR CREMATORY  Taven Cem.	123d LOCATION	m, Wash cou Mar	
DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR MIN	NICH FUNERAL HO	OME		TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	

### FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 338201 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 2a DATE OF DEATH MONTH TYPE OR PRINTA Nargaret 5. DATE OF BIRTH AGE LINYEARS LAST BIRTHDAY MONTH White March 27. Female BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Marvland Washington Co. WIDOWED D CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Washington County Hospital Hagerstown Teacher OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 113b. COUNTY 131. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Md. Washington R.D.#9 Box 151 NO X Hagerstown 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Hartle Odessa George Frank 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Hagerstown. Md. HE YES, GIVE WAR OR DATEST (YES NO OR UNKNOWN) Mr. Roger Eshelman 1022 Potomac Ave 572-28-0952 No 18 CAUSE OF DEATH (Enter only one cause per line far (a), the and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a CERTIFICATION 190 DATE OF OPERATION 20b, IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CERTIFYING CAUSES OF DEATH? 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from saw the deceased alive and that is my) lour) opinian death occurred on the date and have and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (THE GERRAL) 220 ADDRESS THE BURIAL CREMATION, REMOVAL 13d LOCATION 23h DATE 23c NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

Green Hill Cemetery

17268

Broad St. Waynesboro, Pall W.

DAY

IF UNDER 1 YEAR

INDUSTRY

126 KIND OF BUSINESS OR

Mvers

BETWEEN ONSET AND DEA

NO [

COUNTY

ITY OR TOWN

Waynesboro, Franklin

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22c DATE SIGNED

Public Schools

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

24 PURSERAL DIRECTOR

The second contract of the second sec

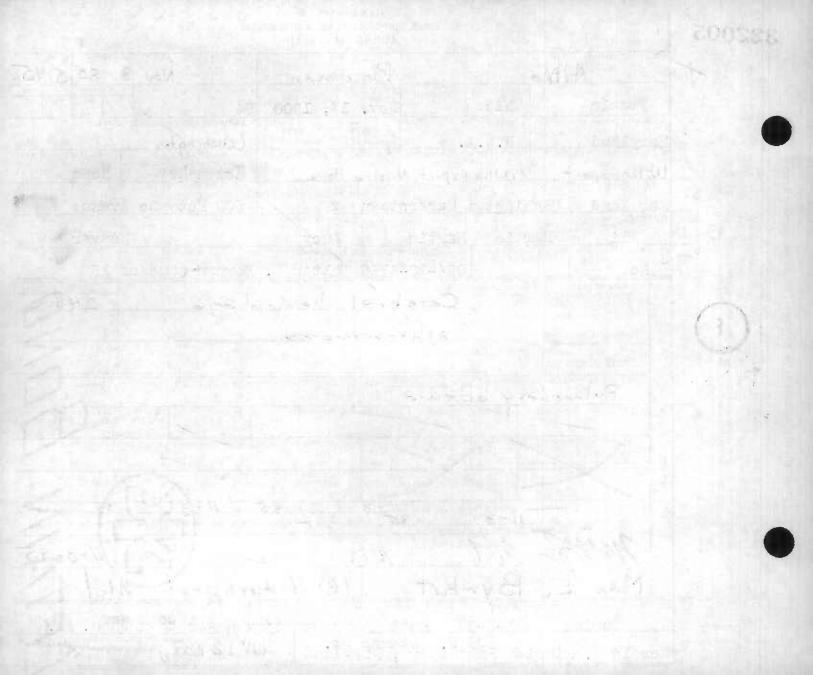
STATE	OF	MARYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR - STATE REGISTRAR		DEPARTM			D MENTAL HYG	IENE					
1 00								REG. NO		DAY	YEAR	01 110115
	CEASED NAME FIRST		MIDDLE	0	LAST		2a DATE O	FDEATH	MONTH			26 HOUR
	ABIA			100	ww	ian			Vou	3	85	5:40M
3. SE		4 RACE		5 DATE C	-		6. AGE (IN	EARS LAST BIR	THDAY)		RIYEAR	IF UNDER 24 HRS
	Female	White		Nov.		1900	84		YRS	MONTHS	DATS	HOURS MIN.
la B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	JO NEV	ER MARRIED	9 BALTIMO	RE CITY O	R COUN	TYOFDE	ATH	THE FAIR
	rvland	II S	٨	WIDOW		DIVORCED T	1.h.	do mad				MD
	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING		-		120 USUAL	OCCUPATI		126	KINDO	F BUSINESS OR
1.			CH FACILITY, GIVE STREET A				(TYPE OF WOR	K FOR MOST C	F WORKING		USTRY	}
IW	illiamsport		msport 1	lumm	a Hoi	ne	Hom	emake	er	I	lome	2/1
USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN		GIVE RESIDENCE BEFORE	ADMISSION)		E CITY LIMITS?	112. CEDEET	ADDRECC			71	14-
	138 000	hingto	h Hagers			NO I	13e STREET 608	Poto	man	ATT	nue	
-	irvland Was.	HILLE GO.	I Dagers	FOWI		ER'S MAIDEN NAM	000	1000	) Hia C	TTAG	siiue	
1	FIRST	MIDDLE	LAST		13. MOTH	FIRST	IAIL	WIDDLE			LAST	
	<u>Eli</u> Ma	rtin	Martin		Lu	LCY				Wea	aver	
	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECUE	RITY NO.	17. INFOR	MANT		ADDRE	SS			
	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES	024-18-	1775	Mal	ter E.	Bowm	an da	mo	as I	13	
-					1/03/1	COT TO	TOO MITTE	all be	MILE			
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per	line for (a), (b), and	(61.1		1	1				BETWEEN	MATE INTERVAL
		TE CAUSE (D)	Cere	DVE		he mai	mise	100			26	thro
		20572	D. 1. C.	105.05								
	Conditions if an III	DUE TO, O	R AS A CONSEQUE		-1	-				10		
	Conditions, if ony, which	(b)_	Athie	2070	dere	2005	-	-			-	
	couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF								
	underlying couse lost.	( (c)_								1139		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELA	TED TO THE TERM	INAL DISEAS	E OR CON	DITION G	IVEN IN	PART 10	
Z	Pulmone		doug à									
CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH (	OPERATIO	NI MALAC DEL	PEOPLED	20a AUT	DEV2	Tank IE W	SC VA/EDI	EFINITAL	IGS USED
2	THE DATE OF OPERATION	THE COIND	ITION FOR WHICH C	SPERATIO	DIAL CHANGE	KFORMED	200 AUT	Jrsr:	IN CER	TIFYING	CAUSES	OF DEATH?
							YES	NO		YES -	~	NO.
Ü	210. ACCIDENT WAS UNDERLYING	216. TIME C			21c. HOV	INJURY OCCURR	RED (ENTERN	ATURE OF INJU	RY IN ITEM TO	B PART I OR	PART 2)	
4	OR CONTRIBUTING CAUSE OF DE			YEAR			1		-			
MEDICAL	(IF EITHER NOTIFY MEDICALEXAMINER	21e. PLACE	M. OF INTURNA	19	211. LOC	TION	1					
VE.		IAT HOME SH	REET, FACTORY SEFICE, FA	RM. ETC }		REET	_	CITTORTO	WH	CO	YTHU	STATE
	AT WORK NO! WHILE				1000			-	No.			
	220 I certify that (I) (this heap	اعد) oftended th	e deceased from	11 - =	3	19 85	to	1-3		19 8	51	hot (I) (we) lost
	sow the deceased alive an	11-3	19_8	5 ,00	nd that in (	ny) <del>(our)</del> apınian d	death accurre	ed on the de	ate and he	our and f	rom the o	ouses stated
1	22h SKONATURE	E view the body	offer death.		DEGREE					125	c. DATE S	ICNED
	MANASS.	and	_	11.1	DEGREE	ATTENDING	MEDICAL	STAI	F	- 4		
1	10000000	aux		MI		PHYSICIAN Z	DIRECTOR	PHYSIC	IAN 🗌		11-	3-85
	22d. PHYSICIAN'S NAME (SPEC	OR FREHEL	B Company		22e ADD	RESS		11.13	1		1	1.000
	Max F.	DV	KKIT		110	10/63	msi	201	t	M	1	
22- 1	RIDIAL CREMATION PROCESS	Transact	122	A445 05 5	CHEVE	0.000		ATION		,,,,	-	
230	BURIAL, CREMATION, REMOVAL (SPECIFY)	73h DATE	23c. N	AME OF C	EMETERY	OR CREMATORY	23d LOC	ORTOWN		COUN	ITY	STATE
	Burial	11-6-	85 Res	st Ha	aven	Cemeter	ry Ha	gers	town	Was	sh.	Md.
24 FI	UNERAL DIRECTOR	30	5 N. App Pot	oma	St	250. DATE	EREC'D BY				SIGNATI	Rhadalle
10	erald N. Minn	ich Ha	gerstown	THE THE	arvIa	nd	UVIZ	1500	Hum	المانيس ال	-	ALL .

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.



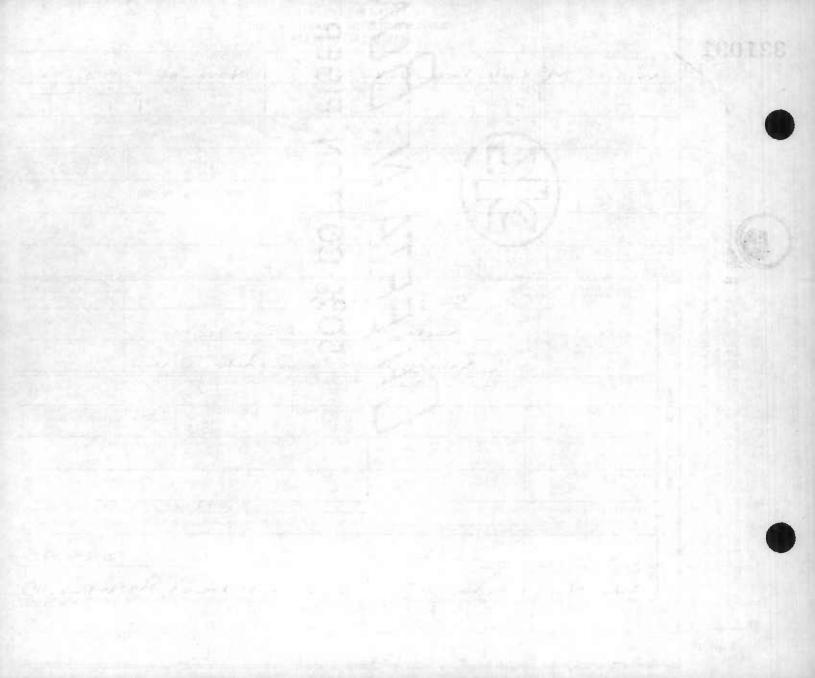
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		
d	1. DECEASED NAME FIRST	MIDDLE	4.	AST	20. DATE OF DEATH	AONTH DAY YEAR	2b HOUR
1	William Me	= Kinzey Br	ewbak.	v, Jr.	Novemb	2391,91 20	
	3. SEX male	4 RACE white	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS DATS	HOURS MIN.
P	TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO		12, 1921	9 BALTIMORE CITY OR	COUNTY OF DEATH	
ì	COUNTRY) Pennsylvania	USA	MARRIE	D X NEVER MARRIED DIVORCED	Washington		MD.
1	Hagerstown	11. NAME OF HOSPITAL, JIF NOT IN SUCH FACILITY, G Washington	IVE STREET ADDRESS)		12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF SUPERVISION	WORKING LIFE) INDUSTRY	railroad
7	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b COUR Maryland Wash	NTY 13c. CITY	OR TOWN  erstown	13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / 2311 Ind:	ZIP CODE	21740 Road
1	14. FATHER'S NAME FIRST William M.		LAST	15. MOTHER'S MAIDEN NA	WIDDLE	P. C. C. M.	ST
-	William M.  160 WAS DECEASED EVER IN U.S. AR		vbaker	Ida 17 INFORMANT	Celia ADDRES	Baer	
7		VE WAR OR DATES)	L4-0137		oaker, Hagers	stown, Md.	
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (1)  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CO	DNSEQUENCE OF NEW OSC LEVING TO DEATH BUT		MINAL DISEASE OF OND	ITION GIVEN IN PART 11  20b. IF YES, WERE FINDI IN CERTIFYING CAUSES	NGS USED S OF DEATH?
d	III	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Late (10) visiting and a series	YES NO	YES	NO 🗌
	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED  WHILE NOT WHILE		19 Y	216 HOW INJURY OCCUR 211 LOCATION STREET	CITY OR TOW	ESLITA	STATE
	220 I certify that (I) (this hasp		19 on	. 19	death accurred on the dat		that (1) (we) last
The state of the s	obove, (h) (we) (did) (did no 22b. SIGNATURE  22d PHYSICIAN'S NAME (TYPE O	of) view the body off r deat		DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR   PHYSICIA		signed ov. 1985
	Why. Mos	1 Farder	m.D.	138 E.L	ntieton St	1. Hagersto	Om, mu
	23a BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	burial	Nov.22,198	35 Cedar L	awn Mem. Parl	Hagerstown	n, Wash., Ma	aryland
	24 FUNERAL DIRECTOR MINN	ICH FUNERAL H	HOME	250 DAT	E REC'D. BY REGISTRAR 2	REGISTRAR'S SIGNAT	TURE

415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 60M 7/84 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	R R	EGISTRAR				CERTIF	CATE OF	DEATH		REG. N	Э.			2.00	
	1. DECE	ASED NAME	FIRST	P	AIDDLE	L	AST		20 DATE OF DI	EATH	MONTH	DAY	YEAR	26 HOU	R
	1111101	eenst)	Ruth		Laign	В	UTTS				11/7	7/85	5	5:20	)p M
	3 SEX		4	RACE		5. DATE O			6. AGE (IN YEAR	S LAST BIR	THDAY)	IF UND	DAYS	IF UNDER	24 HRS
	Fe	male	V	White	7-04-13		30.	1905 L	80		YRS	MOISTA	DATS	HOURS	WIN.
1		HPLACE (STATE OR	FOREIGN 76.	CITIZEN OF	WHAT COUNTRY	? 8.	□ NEVER	MARRIED -	9 BALTIMORE	CITY O	R COUNT	Y OF D	HTAS		
2		rginia		U.S.A	1.	WIDOWE		ONORCED	Wash	ing	ton	Cor	inty		MD
1	10 CITY	OR TOWN OF DEA	ATH 11		HOSPITAL, NURSI		R OTHER IN	STITUTION	12a USUAL OC					F BUSINE	SS OR
1	Hag	erstown	F		rood Lu		Home	9	Homem				Hom	e	
5	13a. STA	RESIDENCE (IF NURS ATE yland	136. COUNTY		13c. CITY OR TO	WN		CITY LIMITS?	13e.STREET ADI				3.0	7/7	40
17	14 FATH	ER'S NAME	MID	Dis	LAST			R'S MAIDEN NAM	WE	AIDDLE	Te -,		LAS		
6	M	organ	V.		Laign		Mar	garet		A.		Pe	earr		
1		S DECEASED EVER , NO OR UNKNOWN) O	IN U.S. ARME (IF YES, GIVE W		212-74		17 INFORM	ald L.	Butts	ADDRE	S	ter] Lar	Ling ne	, Va	ì.
	18	PART I. DEATH W	H (Enter only ) VAS CAUSED E	BY:	line for (a), (b), a	nd (c).)							APPROXI BETWEEN	MATE INTER	DEATH
		Conditions, if any,		DUE TO, OI	r as a consequ	JENCE OF	lute	Anol	MANIE		u		ادي) ا		
	- 0	cause (a), statin underlying cause	ng the	DUE TO, OI	R AS A CONSEOL	JENCE OF	25	CVA					(m	٥٤	
		ART 2. OTHER SIGN	ASCUI		ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE C	R CON	DITION G	IVEN IN	PART 10		
2	CERTIFICATION 61	a. DATE OF OPERA			TION FOR WHICH	H OPERATION	N WAS PERF	ORMED	20a AUTOPS	Y?	IN CERT			OF DEATI	H?
1	- 0	OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW	njury occure	RED (ENTER NATUR	E OF INJU	RY IN ITEM 18	PART I O	R PART 2)		
	0 2	INJURY OCCUR	RED	21e. PLACE	OF INJURY		21f LOCAT	ION							

21d INJURY OCCURRED NOT WHILE

226 SIGNATURE

AT HOME STREET, FACTORY OFFICE, FARM ETC ) 220.1 certify that (1) (this haspital) attended the deceased from

21f LOCATION STREET

DEGREE

22e ADDRESS

CITY OR TOWN

COUNTY

and that in (my) (our) apinion death occurred on the date and havi and from the causes stated

22c. DATE SIGNED

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

BP

should be detached with the State Dept.

MPORTANT

DHMH - 16 60M 7/B4 (VRA 15, 4)

FUNERAL DIRECTOR

(SPECIFY) 24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL Burial

saw the deceased alive an above, (I) (we) (did) (did not) view the body after death.

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN

Cemeter

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

N. Potomac St. Minnich Hagerstown

6091	12	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH		G. NO.	2 3	y d
poge 3		ASED NAME R PRINT) F	Lorenc		iola	CAS'	TLE	Novembe		1985	2b HOUR
ector, pa	3. SEX	female	4	RACE White	9	5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
15	Ma	THPLACE (STATEORE UNIRY) ryland		USA		WIDOWE		9. BALTIMORE CI Washin	gton		MD.
Filed was	На	or town of DEA gerstown		1. NAME OF HÖSPITAL, NURSING HOME OF IP NOT IN SUCH FACILITY, GIVE STREET ADDRESS!  Washington County Hospital Street Address Software Admission.				12a USUAL OCCU		LIFE) INDUSTRY	craft
33	13a ST M		13h COUNT	Υ 1	3c. CITY OR TO Hagers	WN	13d. INSIDE CITY LIMITS? YES NO 1			le Road	217
311		Tryon	Ε.		ragunie		Annie	MIDE L		R.	ice
/		AS DECEASED EVER 5, NO OR UNKNOWN)		WAR OR DATES)	66 SOCIAL SEC	LURITY NO.	Betty V. E				MATE INTERVAL
signed by the attending Then please remove carbo to burial, crematian, ar re njury, ar ather traumatic		Conditions, if ony, gove rise to imm couse (a), statin underlying couse	nediate g the last.	DUE TO, OR (c)	AS ACONSEO HLETO	UENCE OF UENCE OF	cular ac	ardiovas	cular		
thas been it permit.	CERTIFICATION	0 DATE OF OPERAT	ION	196 CONDITI	on for whic	CH OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE FINDIN TIFYING CAUSES YES [	IGS USED OF DEATH?
burial-transit Mental Hygin or Item 18 sh	Z V	TO ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF COURT	AUSE OF DEATH	P.M 21e. PLACE OI	MONTH FINJURY	19	21c. HOW INJURY OCCUR				
R. After thuse as the tealth and tealth and is marked.	1	WHILE NOT WHAT WORK 2a I certify that (1)	(this hospita		t, FACTORY, OFFICE		STREET	, to	OR TOWN	, 1985	state
TO FUNERAL DIRECTOR should be detached for a with the State Dept of H		Signature 26-PH SICTAN'S NA	(did not)	view the lepdy bi	iter death.		DEGREE  ATTENDING PHYSICIAN  The Address	MEDICAL DIRECTOR PH	STAFF	22c. DATE	
5 4 ¥ ₹ 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	23a. BU	RIAL, CREMATION,	REMOVAL	23b. DATE Nov. 20			EMETERY OR CREMATORY  ill Cemetery	23d LOCATION CITY OF TOV Hagers	/N	Wash. Ma	arvland

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

Nov. 20, 1985

Rose Hill Cemetery Hagerstown, Wash., Maryland 250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

FOR

(VRA 15, 4)

11-18-85 10:5		Color.	o'	Palls
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rototica (137)				
te temo, a une la como		C535-31.	125	

415 East Wilson Blvd., Hagerstown, Maryland 21740

BALTIMORE, MARYLAND 2120

PRESTON ST

DIVISION OF VITAL RECORDS

(VRA 15, 4)

PLOSEG

Tah mila a ma

STATE OF MARYLAND - STATE

5COV

I STATE OR FOREIGN

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

4 RACE

USA

Washington

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE A 13b COUNTY

Phillip

white

Lee

76 CITIZEN OF WHAT COUNTRY?

NAME OF HOSPITAL, NURSING Washington Coun

(AT HOME, STREET, FACTORY, OFFICE FARM ETC.)

166 SOCIAL SECURI

216-14-63

REGISTRAR DECEASED NAME

TYPE OF PRINTS

Virginia 8. CITY OR TOWN OF DEATH

Maryland

4 FATHER'S NAME

no

John

(YES, NO OR UNKNOWN)

Hagerstown

3. SEX

DEPARTME

DEPARTM		EALTH AND MENTA			REG. NO.				
ee /	Ci	lark		20 DATE OF DE	HINOM HIA	16	Y YEAR 35	26. HOUR 430	0
	5. DATE C		AR 700	6. AGE (IN YEARS	85 YR		UNDER I YEAR	IF UNDER 24 H	R
HAT COUNTRY?	MARRIEI WIDOWE	D X NEVER MARRIE	D	9. BALTIMORE ( Wash:	ington	OYTE	FDEATH		^
SPITAL, NURSING ACILITY GIVESTREET A TON COUN		or other institutions	N	12a. USUAL OCC (TYPE OF WORK FOR carper	MOST OF WORKIN	G LIFE)	INDUSTRY	F BUSINESS	
ve residence before : 3c. CITY OR TOWN Hagersto	4	13d. INSIDE CITY LIM YES X NO [	_	13e STREET ADD	RESS / ZIP CO		Ave.	21740	0
Clark		15. MOTHER'S MAID Annie	EN NAM		IDDLE		Luttr	ell	
66 SOCIAL SECUR	RITY NO.	17 INFORMANT	19.3		ADDRESS			- Terminal con	_
16-14-63	67	Mildred	Clar	k, Hager	rstown,	Ma	ryland	i	

APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)\_ 2 48 Canditions, if ony, which gove rise to immediate cause (o), stoting the OR AS A CONSEQUENCE underlying couse citos NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES [ 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING. 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING LEAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d IN ILIRY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE

BP.

DIVISION OF VITAL RECORDS.

DHMH - 16 60M 7/B4 (VRA 15, 4)

h the State

230 BURIAL, CREMATION, REMOVAL burial

NOT WORK

Nov.15,1985

Cedar Lawn Mem. Park

DEGREE

and that in (my) jour apinion death occurred an the date and hour and fram the causes stated

22c DATE SIGNED

11-13-85

23¢ NAME OF CEMETERY OR CREMATORY

ATTENDING

Hagerstown, Wash., Maryland

MINNICH FUNERAL HOME 24 FUNERAL DIRECTOR

220.1 certify that (1) (thus bespetal) attended the deceased fram saw the deceased alive an 11-13

obove, (1) (we) (did) (did not) view the body ofter death

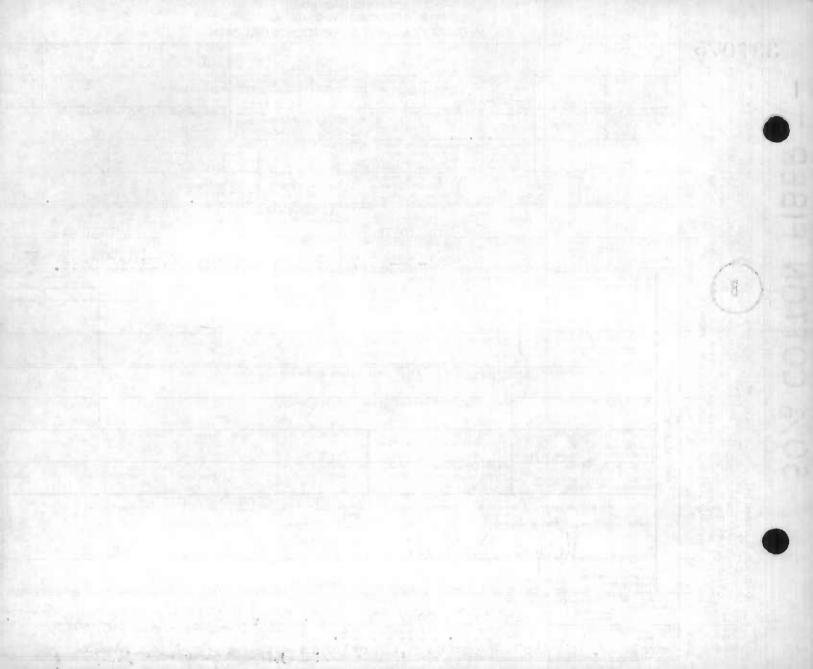
Wilson Blvd., Hagerstown, Md. 21740

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN

any front of the SER SERVICE LANGE TO THE SERVICE SERV

DEPARTMENT OF HEALTH AND MENTAL HYGNENE FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 337075 DECEASED NAME MIDDLE YEAR 20 DATE KNOWN MONTH DAY 2b HOUR (TYPE OR PRINT) DEATH MATED XX 10-30 Joseph Connelly 6. AGE (IN YEARS IF UNDER 1 YR 4. RACE SEX 5 DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 1:30 YEAR LAST BIRTHDAY) PRONOUNCED 56 Male White 9\_15\_1929 DEAD 19 85 10 - 30YRS a. M TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Illinois WIDOWED DIVORCED Washington County, D. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! 1210 W. Washington Street Hagerstown Laborer SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI De STATE 1136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN Marvland Washington YES [ NO [ Washington Hagerstown 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE FIRST Unknown Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) [ (IF YES, GIVE WAR OR DATES] Washington 344-26-2547 Doug Mullendore 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease and Cirrhosis of Liver DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 716 TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY AT WORK AT WORK XX 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian death resulted frama Natural causes XX Suicide Hamicide \_\_\_ Undetermined manner TITLE (SPECIFY) 10-31-85 Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St., Balto., Md. TYPE OR PRINT 13c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Rocky Gap Vets. Cem. Flintsone Alleghany 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 305.N. Potomac St. **DHMH - 17** (VR A15 ME (5)) Minnich Hagerstown. Maryland

STATE OF MARYLAND



	1-	FOR STATE					STA MENT OF I EXAMIN	EALTH		ENTAL			उ	2	, 7	3
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ARY, PLEASE L DIRECTOR. YOUR FILES. V 72 HOURS	3. SE		4. RACE	MONTH	.16,19	YEAR 03	6. AGE (IN YEAR LAST BIRTHDA	MONTH	DER 1 YR.	HOURS HOURS		2c. DATE PRONOUNCE DEAD		MONTH //	3 19 FJ	2d. HOL
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(VR A15 ME (5)) 15M 7/77		Jöhn H.	Dasc,	OI.	boons	DOLO	, Md.	21/12	,	1111	8.19	Sb . 4 3	A large free		0	

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LEGITE

# FOR - STATE REGISTRAR

STATE OF MAKILAND	
DEPARTMENT OF HEALTH AND MENTAL H	YGIENE
CERTIFICATE OF DEATH	

4029	1 -	STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	D.				
ge 3		CEASED NAME MA	argaret Vi	rginia	CRUNK	LETON -	November 9,		DAY YEAR	26 HOL	JR ,	
ector, page 3	3 SEX	male	4. RACE whi	te	5. DATE C				IF UNDER 1 YEAR	HOURS	HOURS MIN.	
funeral dir thm 72 hou d of one	Ma	RTHPLACE (STATE OR F COUNTRY) aryland	USA		WIDOWE		9 BALTIMORE CITY O		MD			
by the functiled within	На	TY OR TOWN OF DEA agerstown	Wash	11. NAME OF HOSPITAL, NURSING HOME OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washington County Hospital			128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) housewife			OF BUSINESS OR		
Still d in	130. S Ma:	ryland	NG HOME OR OTHER INSTITUT 13b COUNTY Washington	13c. CITY OR TOW Hagerstown	'N	13d. INSIDE CITY LIMITS? YES X NO [	13e.STREET ADDRESS / Franklin Cen			2174	10	
		THER'S NAME FIRST Albert	S.	B1 oom		15 MOTHER'S MAIDEN NA/ FIRST Lula	M.		Si	tes		
icion and a rers. Page N. The medica		VAS DECEASED EVER (ES, NO OR UNKNOWN) No	IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE:			Mr. Robert L	ADDRE . Stouffer, Ha		vn, Md.			
signed by the ottendin Then please remove carb ta burial, cremation, ar njury, ar ather traumatio	N	Canditions, if ony, gave rise ta imm cause (a), statin underlying cause PART 2 OTHER SIGN	which nediate g the last (c)	O, OR AS A CONSEQUE	4 Cute Mydeardial Infance				EN IN PART TO			
has been to permit.	CERTIFICATION	190 DATE OF OPERAT	19b. CO	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN		TH?	
Mental Hygin or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CITE EITHER NOTIFY MEDIC 21d INJURY OCCURR	AUSE OF DEATH HOUR	E OF INJURY  A.M. MONTH DA  P.M.  CE OF INJURY	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 P	ART 1 OR PART 2)			
After thise as the booth and a	ME	WHILE NOT WH	ILE [AT HOME	STREET, FACTORY OFFICE, F		STREET	CITY OR TO	WN	COUNTY		STATE	
ERAL DIRECTOR: e detached far us State Dept. of He.		sow the decease	JW Led	19	, ar	, 19 dt that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN [	. to death accurred on the do  MEDICAL STAF DIRECTOR   PHYSIC	ote and hav			oted	
TO FUNERAL should be del with the Store	23 a. B		REMOVAL 236 DATE	23.	NAME OF C	EMETERY OR CREMATORY	23d ŁOCATION					

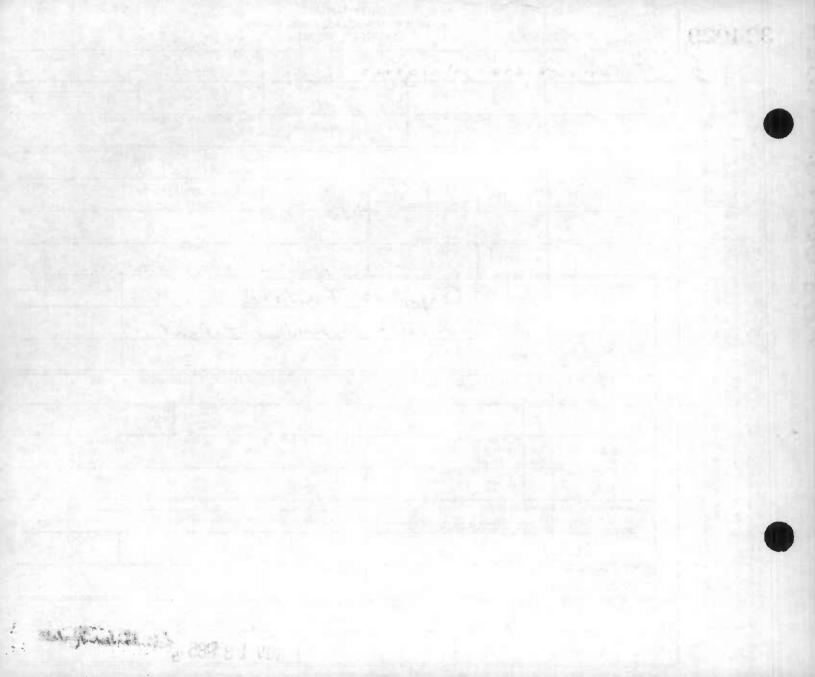
Rest Haven Cemetery

DHMH - 16 60M 7/B4 (VRA 15, 4)

burial Nov. 13, 1985 Rest

14 FUNERAL DIRECTOR MINNICH FUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Md. 21740

Hagerstown, Washington, Maryland



NOV 06 1985 grow many drown

415 E. Wilson Blvd., Hagerstown, Md. 21740

(VRA 15, 4)

STATE OF MARYLAND

FOR

- STATE

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CEKITE	ICAIE OF DEATH	REG. NO.				
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3	0	RTHPLACE (STATE OR FO	REIGN 76	CITIZEN OF V	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OR WASHINGTON	COUNTY	OF DEATH		MD
9		ty or town of DEAT lagers town	Н 11		OSPITAL, NURSING		ospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Housewife		126. KIND O INDUSTRY Home		
ы	130 S	TATE Tyland	CHOME OR OT 36 COUNTY Wash i	Y	GIVE RESIDENCE BEFORE A LA CITY OR TOWN Hagers tow		13d. INSIDE CITY LIMITS? YES NO [	732 Guilfor	ZIP CODE d Ave	. 217	40	
1	14 FA	Peter	Les	her	Martin		15. MOTHER'S MAIDEN NA!  Ada  Reference  Ada	Mae Mae		Strit	e	
	16a W	VAS DECEASED EVER IN		ED FORCES? WAR OR DATES)	214-16-03		Mary Jean Yo	unker (ite		above)		
		18 CAUSE OF DEATH PART I. DEATH WA		BY:	line for tal, (b), and HEPA	nc	FAILLIK	Æ		BETWEEN C	MATE INTERV	AL EATH
		Conditions, if ony, gove rise to imme couse (01, stating underlying couse	ediote	)	AS A CONSEQUEN		MARY CI	RRHOSIS		104	RUS.	10
	NO	PART 2. OTHER SIGNI	FICANT CO	DNDITIONS CC	INTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVE	N IN PART 110		
2	CERTIFICATION	19a DATE OF OPERATION	ON	19b. CONDI	TION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, 110 CERTIFY YES	WERE FINDIN	GS USED OF DEATH	1?
		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	21b. TIME O HOUR A./	M. MONTH DAY	YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PAR	RT 1 OR PART 2)	Tu.	
	MEDI	21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK		21e. PLACE C	OF INJURY BET, FACTORY, OFFICE, FAR	RM. ETC )	211 LOCATION STREET	CITY OR TOWN	٧	COUNTY	STA	TE
	MEDICAL	21d INJURY OCCURRE	D E this hospitol	21e. PLACE (	OF INJURY BET, FACTORY, OFFICE, FAR	RM. ETC )	STREET	2. to 11. 17		1	. 19 8.5	COUNTY STA

TO FUNERAL DIRECTOR: Afterhould be detached for use as with the State Dept. of Health

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

MPORTANT 23a. BURIAL, CREMATION, REMOVAL SPECIFYBurial

Nov. 20, 1985

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

100 LONG HEADOW DRIVE 23c. NAME OF CEMETERY OR CREMATORY

DEGREE

23d LOCATION

22c. DATE SIGNED

24 FUNERAL DIRECTOR

226. SIGNATURE

23b. DATE

22e. ADDRESS

Greenlawn Memorial ParkWilliamsportWashingtonMaryland

250. DATE REC D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

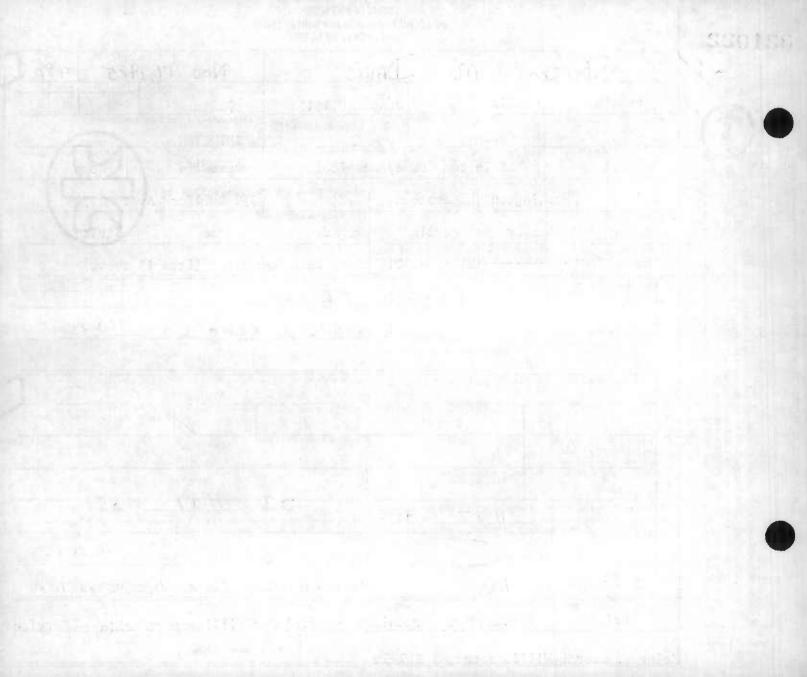
NUV 25 1985

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Major M.Osborne Williamsport MD 21795

BP. DHMH - 16 60M 7/84

(VRA 15, 4)



			FOR			DEPAR	STA		AARYLANI I AND MEI		HENE	5	2 3	, 3	1
3	38145		STATE REGISTRAR			MEDICA	LEXAMIN	NER'S	CERTIFIC.	ATE OF	DEATH	REG. NO.			
			EASED NAME ORPRINT)	Ann	eq.	Louis	e	D	eed.	5	OF	KNOWN ESTI-	MONTH 2	DAY YEAR 4 1985	26. HOUR 240 2 PM
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	WITH WITH	FO	RTHPLACE (ST REIGN COUNTRY) Pennsyl			OF WHAT COL		12	IED   NEVE		9. BALTIM	ORE CITY OR	COUNTY	OF DEATH	- M
	AV S N	10. CI	ry or town	OF DEATH	11. NAME OF	UCH FACILITY GIV	Ounty E	E, OR OTH	ER INSTITUTION		OUSUAL OCCUP FOR MOST OF WOR traffic	KING LIFE	30.34.5	b. KIND OF BU OR INDUST Lamp Co	RY
1201	ANY DE AND RET HOULD BE	UA 13a S	L RESIDENCE	nia West	OR OTHER INSTITUTE	ON, GIVE RESIDEN			13d INSIDE CITY	Y LIMITS? 136	STREET ADDRE	SS	/	1999	9
IE. MD	PARTY STATE	144. FA	THER'S NAME	ck Georg			LAST		15. MOTHER	S MAIDEN N	IAME	IDDLE		Jones	
LTIMOS	SPORT SPORT	16e. V	AS DECEASE	EVER IN U.S. AR		16b. S	OCIAL SECURI		17 INFORM			ADDRESS		COMOS	
S, 201 W. PRESTON	ECUTED WITHIN 2 HOUSE 3' IN PENCIL IN 1 IL EXAMINER ALC MARIAL - TRANSIT PE ND MENTAL HYGIENE TION, OR REMOVAL.	CALLES STORY	Candition gave ris cause (a) lying cau	ns, if any, which se ta immediate stating the <u>under</u> se last.	DBY:  (TE CAUSE (o)  DUE TO  (b)  DUE TO  (c)	D, OR AS A CO	A A CONSEQUENCE	GAT CA	asse las	est in to	(427	(41	(0)	APPROXIMATI BETWEEN ONSE  PILING	
TAL RECORD	SHOULD BE EXECUTED ORD "ENDING" IN PR CHIEF MEDICAL EXAM E USED AS A BURIAL-TOF HEALTH AND ME URIAL, CREMATION, C	CERTIFICATION	19a. DATE OF	OPERATION	0,500	sity	R WHICH OPE				a			20 AUTOPSY	? NO 14
DIVISION OF VITAL RECORDS,	CERTIFICATE SHOULD SITING THE WORD "PE DED TO THE CHIEF M E 3 SHOULD BE USED A E 10 CEPARTMENT, OF HEE DIPPIOR TO BURIAL, C	MEDICAL CERTI	UNDERLYING CONTRIBUTION	NG CAUSE OF	DEATH 21e PL	ME OF INJURY R A.M. MONT P.M. ACE OF INJURY	TH DAY YEA 19 RY (ATHOME.	R 21f LC	ICATION	OCCURRED (	ENTER NATURE OF IN.			2)	
Na	INER: THIS GER FICATE, WRITIN FORWARDED TOR: PAGE 3 SI 1 THE STATE DEP CAND, 21201 PR	¥		NOT WHILE AT WORK		ns rescribed a		Autop	sy ,	Inspection	CITY OR TO		in my apini		STATE
•	E CERTIFIC DUID BE I L DIRECT H, WITH T		death resulte	ed from: Natu	eral causes	Acciden	nt ∐, s	vicide	Hamicia	ECIEX)	Indetermined mo	anner .	DATE	11/2	4/80
	MEDICAL ECUTE THE GE 4 SHC FUNERA TER DEATH	1	SIGNATURE. EXAMINER'S (TYPE OR PRII	NAME /S	Allent	v Dit	Ho m	ý ,	ADDRESS	6100	KKKI	Are,	Hug.	ersta	nMO
199	PA PA PA	{5	burial	TION, REMOVAL	Nov. 27	1985 W	NAME OF CE	land		em.Pk.	3d LOCATION CITY OF TOWN Hempfie		relan nship	d Co.,	Pa.
bowl	DHMH - 17 (VR A15 ME (5))		NAME 5 E. Wi	tor Ison Blv	MINNICH d. Haa	FUNER rerstow	AL HOME n. Md.	2174	25 L	C 0.2	D. BY REGISTRA	R 256 REGIST	TRAR'S SIG	NATURE	4 2

	STATE OF MARYLA
319082 1 - FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND A CERTIFICATE OF D

ND MENTAL HYGIENE CERTIFICATE OF DEATH

4	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT				REG. N	0.		
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1	Kalph Kalph	4. RACE	DI	CK	6. AGE (IN YEARS LAST BIR	11 23		DER 24 HRS
-	male	0	5. DATE OF MONTH	DAY YEAR		MONTHS		
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2	COUNTRY		MARRIED		1 1 1	_ ,		
		11. NAME OF HOSPITAL, NE	URSING HOME OR	h	12a. USUAL OCCUPAT	IQN 12b.	KIND OF BUSI	NESS OR
1	Hagerstown	111201	/	unty Hospi	tal Farme	F WORKING (IFE)	Farmin	ıg
	136 STATE 136 COUN	TY. 139 CITY OR	TOWN 1	3d. INSIDE CITY LIMITS? YES NO Y	13. STREET ADDRESS	ZIP CODE LB	2171	3 .
1	FATHER'S NAME CLETUS		1		AME		Hetz	er
	LUES NO OR UNKNOWN) LIEVES GIVE				ADDR	d. 4 Box	124A	
	CITY OR TOWN OF DEATH  LIAI RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, INFORMANT INTERVAL INTERVAL INTERVAL INTERVAL INTO INTERVAL I							
H	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b) BY:	on and ici	0.00	- /		ETWEEN ONSET A	ND DEATH
	IMMEDIATE	DESCRIPTION OF THE PROPERTY OF	and alt	e covi	×1.^			-
١	Canditions if any which	DUE TO, OR AS A CONS		en He	east 190	lung		
١	gave rise to immediate	DHE TO OP AS A CONS	0		7			
ı		(c)	EGOENCE OF			3370		
		onditions <u>contributing</u>	TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN I	PART Ira	
	190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION	WAS DEDECORMED	20a AUTOPSY?	20b. IF YES, WERE	E EINIDINGS HE	SED.
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	The CONDITION TOR W	THE TOP ENATION	WAS FERI ORMED	YES NOW	IN CERTIFYING O		ATH?
5		21b. TIME OF INJURY		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU			U
	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR					
N	(IF EITHER NOTIFY MEDICAL EXAMINER)	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE FARM FTC )	211. LOCATION STREET	CITY OR TO	wn co	UNTY	STATE
١	AT WORK AT WORK							
1	22a. I certify that (I) (this haspite saw the deceased alive an_			that in /my) /gur) animas	death accurred an the de		, that (I)	
1	Obove, (I. (we) (did) (did not)	view the body after death.	and the same of th	GREE	a death accorred an the a		DATE SIGNE	
Į	(0.00	1000	1	ATTENDING	DIRECTOR T PHYSIC	OF	11/10/	20-
t	224. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS	E DIRECTOR   PROSE	INST.	1.1. 18	3
	ABDUL W.	AttERD on	0	1610 OAK	- Hill AR	1-1 AG.	ino	
	23a BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d. LOCATION	COUN	TY -	STATE
	Burial 24 FUNERAL DIRECTOR	11-12-85	Park Hea	ad Cemetery	Clearspri		,	Md.
	John H. Bast, J.	r. Boonsbor	6, Md. 2	1713 1 NO	V 1 3 1000	ZOB, REGISTRAR'S S	IGNATURE	
		A			~ 0 1303	A Entrance Bollow Con	Section of the section of	A Altelia.

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate habused be detached for use as the bornol-transity with the State Dept. of Health and Mental Physics and the State Dept.

MPORTANT, If bem 21

Mig Pool, 221. U. S. A. . the state of the s Citis Bust not u ... 1theton 3. there takes V. Hebber Tid. u mor leus No. 117-10-3015a Mars. Mary E. Mook, Journabord, E. Silvi Surlet N-12-05 Form Hong Jemebery Clearspring, Mail. Co., Ma. dean . Fue. Ver. Boomson . Mar 2771 p.

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any

DHMH - 16 60M 7/84

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	т.	G.	N.	0

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

S. SEX   S. DATE OF BIRTH   SOUTH STORY   S. AGE (IN YEARS ASS BIRTHOPAY)   WINDOWS   Washington   Washingt														
			ACE (STATE OR FOREIGN 78  STOWN, Md.  TOWN OF DEATH 1  STOWN OF DE	/	MIDDLE	7	AST	76.75	2a. DATE OF D	EATH MO	DA HTMC	Y YEAR	2b HO	
1	211172	h	PRINT)  WAYNE  4 RAC  4 RAC  4 PLACE (STATE OR FOREIGN 7b. CIT  18 PTSTOWN, Md.  10 OR TOWN OF DEATH 11. N  18 PTSTOWN  19 PTS	6	E.	1)4	2 ADFA			11 -	- 11-	-85	7	40
1	3. SE)	Le HPLACE (STATE OR FOREIGN AND AND AND AND AND AND AND AND AND AN	4 RACE		5 DATE C	OF BIRTH		6 AGE (IN YEAR	S LAST BIRTHD	AY) IF	UNDER I YEAR	IF UNDE	R 24 HRS	
		THPLACE (STATE OR FOREIGN TO LITTZ CONTINUAL PART 2 OTHER SIGNIFICANT CONDITION OR DATE OF OPERATION 190.  Canditions, if any, which gave rise to immediate cause fal, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITION OR DATE OF OPERATION 190.  Canditions, if any, which gave rise to immediate cause fal, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITION 190.  Canditions, if any, which gave rise to immediate cause fal, stating the underlying cause last.  Canditions, if any, which gave rise to immediate cause fal, stating the underlying cause last.  Canditions, if any, which gave rise to immediate cause fal, stating the underlying cause last.  Canditions, if any, which gave rise to immediate cause fal, stating the underlying cause last.  Canditions, if any, which gave rise to immediate cause fal, stating the underlying cause last.  Canditions, if any, which gave rise to immediate cause fal, stating the underlying cause last.  Canditions, if any, which gave rise to immediate cause fal, stating the underlying cause last.  Canditions, if any, which gave rise to immediate cause fal, stating the underlying cause last.  Canditions, if any, which gave rise to immediate cause fal, stating the underlying cause last.  Canditions, if any, which gave rise to immediate cause fall to the cause of th					1077	1.8		MC	INTHS DAYS	HOURS	MIN.	
	7		Le  HPLACE (STATE OR FOREIGN PRINTY)  OR TOWN OF DEATH  ERSIDENCE (IF NURSING HOME OR OTHER INSTITUTE)  IT IS COUNTY  TY AND  BERST HAWDAKE  S DECEASED EVER IN U.S. ARMED FOREIGN OR UNKNOWN)  CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE OF PART IN U.S. ARMED FOREIGN END OR UNKNOWN)  CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (IF VES. GIVE WAR OR DA  CONDITION OF UNKNOWN)  DUE TO  CONDITION OF UNKNOWN IN THE COUNTY				,0. 11,	1731						
Н			PRINT)  A RACE  A RACE  While  A PLACE (STATE OR FOREIGN PRINT)  PITSTOWN, Md.  OR TOWN OF DEATH  PITSTOWN, Md.  OR TOWN OF DEATH  PITSTOWN  WESIDENCE (IF NURSING HOME OR OTHER INSTITT  TE 133. COUNTY  TYLAND  BESIDENCE (IF NURSING HOME OR OTHER INSTITT  TYLAND  ER'S NAME  FIRST  HAWDAKE  BOCCASED EVER IN U.S. ARMED FORCA  NO OR UNKNOWN)  (IF YES, GIVE WAR OR DAI  CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (IF NURSING INSTITUTE ON THE CAUSE (IF YES, GIVE WAR OR DAI  CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (IF YES, GIVE WAR OR DAI  CAUSE OF OPERATION  DUE T  CONTRIBUTING CAUSE OF DEATH  A CONTRIBUTING CAUSE OF DEATH  HOU  CHILE NOT WHILE CAUSE OF DEATH  A CONTRIBUTING (AT HO)  WORK AT WORK  AT WORK  A TWORK  A TWORK  A PHYSICIAN'S NAME (TYPE OR PRINT)  A B DUL A HE  LAL CREMATION, REMOVAL 23b. DAT  LAL CREMATION, REMOVAL 23b. DAT  LAL CREMATION, REMOVAL 23b. DAT			MARRIE	D NEVER	MARRIED -	9 BALTIMORE	CITY OR	COUNTY	OF DEATH		
	Ha	gerstown,	Md.	U. S.	A.				Wash	ingto	n			MD.
a	10. CI	TY OR TOWN OF DEA	ATH				OR OTHER INS	TITUTION				126. KIND C	F BUSIN	IESS OR
r.	Ha	gerstown	06.79	Washi	ngton G	ounty F	losoi ta	1	Machi	niet.	ORKING LIFE)		M-	fg.Co
	USUA	AL RESIDENCE (IF NUR	STOWN, Md.  TOWN OF DEATH  STOWN  STO				TO PP T OU		1			22 402	. 14	18.00
ĸ.	-		TOWN OF DEATH  TOWN OF DEATH  TOWN OF DEATH  TOWN OF DEATH  TILL THE TOWN OF DEATH  TOWN OF DEAT											
4			Wash	ington	Fairpl	ay		-		1 Box	: 39A	2173	33	
	14. FA	THER'S NAME FIRST	Λ	AIDDLE	LAST		15. MOTHER'S			MIDDLE		145	T	
1		Harry	Ha	wbaker		er				Cathe	rine	Sho	wma	a
	16a V	AS DECEASED EVER			16b. SOCIAL SE	CURITY NO.	17 INFORMA	NT	11.0	ADDRESS	a 1	Por 20	) A	
	N	es, no or unknown)	(IF YES, GIVE	WAR OR DATES]	220-3/	-0332	Mrs.	Olive C	Drene	r. m.	dam 3 -	- MA	T.	1722
			INCE (IF NURSING HOME OR OTHER INSTITUTION WAS IN THE NURSING HOME OR OTHER INSTITUTION WAS INCOME. IN THE NURSING HOME OR OTHER INSTITUTION WAS INCOME. IN THE NURSING HOME OR OTHER INSTITUTION WAS UNDERLYING   (IF YES, GIVE WAR OR DATES)  SE OF DEATH (Enter only one cause provided in the ling of the ling					02210 0	· Drapo	- ) 1/2	1140)1(8	APPROX	MATE INITE	1733
1		PART I. DEATH W	ENCE (IF NURSING HOME OR OTHER INSTITUTION 13b. COUNTY  AND Washingto  NAME FIRST  HAWDEKE  EASED EVER IN U.S. ARMED FORCE (UNKNOWN) (IF VES, GIVE WAR OR DATE  TI. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IG  TOTHER SIGNIFICANT CONDITION  E OF OPERATION 19b. CO	y ane cause per > BY:	line far (a), (b),	and Icv.	0 1		1-			BETWEEN	DNSET AN	DEATH
		SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  Q. STATE  13b. COUNTY  Maryland  Washington  Fairplay  Fairplay  IS. (ITY OR TOWN  YES NO IX  NO IX  Rfd. 1 Box 39A 2  IS. MOTHER'S MADIEN NAME FIRST  Harry  Hawbaker  Draper  IS. MOTHER'S MADIEN NAME FIRST  Harriet  Catherine  WAS DECEASED EVER IN U.S. ARMED FORCES?  WAS DECEASED EVER IN U.S. ARMED FORCES?  OUT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2.												
	Maryland Washington Fairplay  136. CITY OR TOWN Fairplay  136. INSIDE CITY LIMITS? YES NO MAKE FIRST HARRY HAWDAKER  146. 1 Box 39A  15. MOTHER'S MAIDEN NAME FIRST HARRY HAWDAKER  166. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OR UNKNOWN)  169. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OR UNKNOWN)  160. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OR UNKNOWN)  17. INFORMANT  ADDRESS d. 1 Box 39A  18. CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to													
ı	Hagerstown, Md. U. S. A.   MARRIED   NEVER MARRIED   Washington    10. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   178 USUAL OCCUPATION   178 USU													
1			PRINT)  Le  4. RACE Whi  2. OR TOWN OF DEATH  CATTOWN OF DEATH  ETSTOWN, Md.  OR TOWN OF DEATH  11. NAME (IF NOT WAS  RESIDENCE (IF NURSING HOME OF ORD ITSTITUTE)  THE 13b. COUNTY  TYLAND  RESIDENCE (IF NURSING HOME OF ORD ITSTITUTE)  FIRST  HATTY  HAWDAKE  SDECEASE EVER IN U.S. ARMED FORCI  CAUSE OF DEATH (Enter anly ane cause) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE IS  CAUSE OF DEATH (Enter anly ane cause) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE IS  CAUSE OF DEATH (Enter anly ane cause) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE IS  CAUSE OF DEATH (Enter anly ane cause) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE IS  CAUSE OF DEATH (Enter anly ane cause)  ART 2 OTHER SIGNIFICANT CONDITION  ID DATE OF OPERATION  19b. CC  IN ACCIDENT WAS UNDERLYING  ID DATE OF OPERATION  19b. CC  ID TO  IN ACCIDENT WAS UNDERLYING  ID DATE OF OPERATION  19b. CC  IN ACCIDENT WAS UNDERLYING  IN ACCIDENT WAS UNDERLY WAS	}										
1		REPRINT)  A RACE  A RADE  A RADIO  A RACIDER IN MARCH  A RADIO  A RACIDER IN MARCH  A	DUE TO, OI	R AS A CONSEC	DUENCE OF									
ı		DADI O OTHER CIC	UEIGANIEG			0.05.5								
1	2	PART 2 OTHER SIGI	NIFICANIC	ONDITIONS CC	DIVIKIBUTING I	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE C	OR CONDII	ION GIVE	N IN PART III	5	
4	TIC	IA DAYE OF ODEDA	TION	In conta	TION FOR WILL	011 0050 4710		D.1150	Van Australia	- WA	01 15 1/50	A FREE CHIRD		
1	CA	190 DATE OF OPERA	IION	196. CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFC	RMED	20a AUTOPS	2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	N CERTIFY	WERE FINDIN	OF DEA	D TH?
	E								YES -	10	YES		NO [	
2	GE			11.0110		DAY VEAD	21c. HOW IN	JURY OCCURR	ED (ENTER NATUR	RE OF INJURY I	N ITEM TO PAR	T I OR PART 2)		
7	AL			M										
ı	100					17	231 LOCATIO	N						_
1	ME	WHILE   NOT WE				E, FARM, ETC }				ITY OR TOWN		COUNTY		STATE
		AT WORK AT WO	CEASED EVER IN U.S. ARMED FORCES?  R UNKNOWN]  USE OF DEATH (Enter only one couse per line for (a), (b),  RT I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSECTION of the couse lost of the cou											
					e deceased fran	*							that (1)	
		saw the deceas abave, (I) (we) (	ed alive an_ did) (did nat	view the bady	after death.	, ar	nd that in (my)	(aur) apinian d	death accurred o	an the date	and have o	and fram the	causes st	ated
1		22b. SIGNATURE	)	,			DEGREE	100-				22c. DATE	SIGNED	
1		18. BIRTHPLACE   STATE OR FOREIGN   18. CITIZEN OF WHAT COUNTRY?   18. MARRIED   19.	STAFF	ΝП	111/1	1/2	~							
Н		22d. PHYSICIAN'S N.	AME (TYPE OR	PRINT)	-	000			J DIRECTOR [	PHISICIA		1	10	>
		ARNII	11	1 1100	0 . 0		1/210	DAL	- 4/11	AIC	114	6 41	201	71.0
4		MISPAL	- ~	more	) m)	100	1010-	- UTK			otto	Bimi	104	170
			REMOVAL						23d LOCATIO	ON		COUNTY		STATE
		Burial		11-1	4-85	Boonsbo	ro Cem	etery	Boo	nsbor	o, Wa	sh. Co	., 1	1d.
4	24 FU	INERAL DIRECTOR			-			I 250. DATE	E REC'D. BY REG					4

John H. Bast, Jr. Boonsboro Md. 21713

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Burlal H-14-05 Scoreboro Camerery Scoreboro, was. do., He.

# 325090 page 3

BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

FOR

REGISTRAR

MILDRED

4 RACE

Washington

MIDDLE

(IF YES, GIVE WAR OR DATES)

18. CAUSE OF DEATH (Enter only one couse per line for (o), 161, and 101.

DECEASED NAME

Female a. BIRTHPLACE STATE OF FOREIGN

Marvland

O CITY OR TOWN OF DEATH

Maryland

(YES NO OR UNKNOWN)

4 FATHER'S NAME

No

CERTIFICATION

MEDICAL

Hagerstown

Andrew

Conditions, if ony, which gove rise to immediate couse tot, stoting the

underlying cause lost

190 DATE OF OPERATION

21d. INJURY OCCURRED

210. ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

che aus

23a. BURIAL, CREMATION, REMOVAL

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

COUNTRY

130 STATE

- STATE

(TYPE OR PRINT)

3. SEX

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DUFFEY

5. DATE OF BIRTH

STATE OF MARYLAND

REG. NO 5:45 20 DATE OF DEATH MONTH 1985 12. NOVEMBER 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS. 1920 65 9 BALTIMORE CITY OR COUNTY OF DEATH WASHINGTON 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR

Sept. White 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED

MARSE

U.S.A.

LAST

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

Shupp

166 SOCIAL SECURITY NO

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

WIDOWED (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

DIVORCED [ NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Washington County Hospital SIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

(TYPE OF WORK FOR MOST OF WORKING LIFE) Clear Sprin 13d INSIDE CITY LIMITS?

17 INFORMANT

Co Owner 13e. STREET ADDRESS

15 MOTHER'S MAIDEN NAME

FIRST

Bertha

MIDDLE

Box 68

INDUSTRY

21722

Route Mae Stalev

Grocery Store

ADDRESS Route # 3 Box 68

70-32-3258 Eugene A. Duffey Sr. Clear APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (D) CYSTADENO CARCINOMA OF OVARY WITH WIDESPREAD 2-3 YEARS

INTRA-ABDOMINAL METASTASIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)

> 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OR TOWN COUNTY

and that in (my) (%r) opinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED

Nov. 12,1985 PHYSICIAN DIRECTOR PHYSICIAN WEST WASHINGTON STREET

EDWARD W. DITTO, III. M.B. 236. DATE

21b. TIME OF INJURY

21e. PLACE OF INJURY

22a.1 certify that (I) (104 XXXXXXX) attended the deceased from SEPT.

231. NAME OF CEMETERY OR CREATER TORY

22e ADDRESS

21f. LOCATION

DEGREE

HAGERSTOWN, MARYLAND 21740

NOX

¢edar Lawn Memorial Hagerstown, Washington, Md

DHMH - 16 50M 1/76 (VR A 15 (4))

should be detail with the State D

MPORTANT:

nd Mental Hygie

8

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Burial

(SPECIFY)

226. SIGNATURE

24 FUNERAL DIRECTOR

Thompson Funeral Home, Inc. Clear Spring

sow the deceased alive on above, (I) \*\* (did) (did) view the body after death

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

i.s. Types P. A	HERMINEVOW		DIRAL DEND.	
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A LEAGUE ST			O otes of	
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10 march 10	2 1921.			~ab
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		- *		CH TAX
41,51 .vus				
T32 T 01	ASHT ALTER			
DESTE DEAL	Y A , WAT E.	. A	,       ,	L .b deAppe
Account the Land			42 5 -21 -1	

Thompson, Lucieral - out The Shenr Spring

STATE OF MARYLAND

'	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	REG. N	O.		
/ D	ECEASED NAME	FIRST		MIDDLE	t.	AST			DAY YEAR	2b HOUR
TIV	PE OR PRINT)	Isabel	Flizabe	eth East	erdav		Property of	11-26	6-85	10:25P
3. S		Judet	4. RACE	2011 2030	5. DATE O		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Female_	10.00	Whit	te	MONTH	6-6-1905	80	YRS	MONTHS DAYS	HOURS MIN
7a.	BIRTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH	10.00
1	Pennsylv	ania	U.S	.A.	WIDOWE		Washing	ton (	County	M
10	CITY OR TOWN OF E	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS O
B	oonsboro	Jan 1	Reede	- 64	. 7	ome	Housewi		II II DOSTKI	
/ USI	UAL RESIDENCE (# N	URSING HOME OR	OTHER INSTITUTION		E ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	/ 7IP COD	)F	21713
2	rvland		ington			YES NO X	Route #	2 Bo	ox 126	
	FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE	14- 10-	1.45	
4	David		C.	Horn		Emma	E.			aley
160	WAS DECEASED EV		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR	Route	e # 2	Box 1
	(YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	214-46-	5001	Irvin R. E	asterday	Boons	choro	Md. 2
F	18 CAUSE OF DE	ATH (Enter on	ly one couse pe	er line for Julian	7 7	-,	1_ 1,		APPROX	MATE INTERVAL
	PART I. DEATH	WAS CAUSE	D BY: E CAUSE (o)	Melas	3/alle	· Cancer 1	D liver			
	1 1 1 1 1	BANKEDIA.		OR AS A CONSEQUI	ENCE OF	- 1			7	H
	Canditions, if o	ony, which	( 1b)_	JK A3 A CONSECUT		may inter	our	500	0	my his
	gove rise to couse (o), sto		DUF TO C	OR AS A CONSEOU	EN E OF		The state of	1		
	underlying co-	use lost.	(c)_							
		IGNIEICANT C	CONDITIONS							
Z		NOT THE CALLE	CINDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GI	VEN IN PART 1	0
ICATION						NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YE	VEN IN PART 11	NGS USED
RTIFICATION		RATION	196 CONE	DITION FOR WHICH		N WAS PERFORMED	200 AUTOPSY?	20b. IF YE IN CERTI	S, WERE FINDING CAUSES	NGS USED
CERTIFICATION	190 DATE OF OPE	RATION  UNDERLYING	19b CONE		OPERATIO:		200 AUTOPSY?	20b. IF YE IN CERTI	S, WERE FINDING CAUSES	NGS USED OF DEATH?
A	190 DATE OF OPE	RATION  UNDERLYING  CAUSE OF DEA MEDICAL EXAMINER	196 CONE	OF INJURY A.M. MONTH D.	OPERATIO:	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE IN CERTI	S, WERE FINDING CAUSES	NGS USED OF DEATH?
A.	190 DATE OF OPE  210. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER NOTIFY M)	RATION  UNDERLYING  CAUSE OF DEA  MEDICAL EXAMINER  URRED	21b. TIME (HOUR A	DITION FOR WHICH DF INJURY A.M. MONTH DA	OPERATION AY YEAR 19	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE IN CERTI YI	S, WERE FINDING CAUSES	NGS USED OF DEATH?
MEDICAL CERTIFICATION	210. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER NOTIFY M) 21d. INJURY OCC. WHILE   NO	RATION  UNDERLYING  CAUSE OF DEA MEDICAL EXAMINER	21b. TIME (HOUR A	DITION FOR WHICH  OF INJURY  A.M. MONTH D.  P.M.  OF INJURY	OPERATION AY YEAR 19	N WAS PERFORMED  21c. HOW INJURY OCCURR  211 LOCATION	280 AUTOPSY?  YES NO SED (ENTER NATURE OF INJU	20b. IF YE IN CERTI YI	S, WERE FINDIN IFYING CAUSES ES PART 1 OR PART 2)	NGS USED OF DEATH? NO
A	210. ACCIDENT WAS OR CONTRIBUTING [  (IF EITHER NOTIFY M  21d. INJURY OCCI  WHILE   NOTIFY M  27d. INJURY OCCI  27d. INJURY OCCI  AT WORK   AT  27d. 1 certify that	RATION  UNDERLYING   CAUSE OF DEA MEDICAL EXAMINER  T WHILE  WORK  (1) (this hospi	19b CONE  19b TIME ( HOUR A )  21e PLACE (AT HOME S)	DITION FOR WHICH  OF INJURY  A.M. MONTH D.  P.M.  OF INJURY  TREET, FACTORY, OFFICE, F	AY YEAR  19 FARM. ETC.)	211. HOW INJURY OCCURR	280 AUTOPSY?  YES NO CITY CORE.	20b. IF YE IN CERTI YI JRY IN ITEM 18	S, WERE FIND IN IFYING CAUSES ES PART 1 OR PART 2)	NGS USED OF DEATH? NO  STATE
A.	210. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER NOTHEY AT  21d. INJURY OCC!  WHILE NOTHEY HOT AT WORK AT  220.1 certify that sow the dece obove, (I) (we	RATION  UNDERLYING  CAUSE OF DEA MEDICAL EXAMINER  URRED  1 WHILE WORK  (1) (His hospi	19b CONE  19b TIME ( HOUR A )  21e PLACE (AT HOME S)	OF INJURY  A.M. MONTH D.  O.M.  OF INJURY  TREET, FACTORY, OFFICE, F	AY YEAR 19 FARM, ETC.)	211. HOW INJURY OCCURR 211 LOCATION STREET  19 4 d that in (my) (our) opinion of	280 AUTOPSY?  YES NO CITY CORE.	20b. IF YE IN CERTI YI JRY IN ITEM 18	S, WERE FIND IN IFYING CAUSES ES PART 1 OR PART 2)	NGS USED OF DEATH? NO  STATE  thor (I) (we) la
A	210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY M 21d. INJURY OCCI WHILE NOTIFY M 220.1 certify that	RATION  UNDERLYING  CAUSE OF DEA MEDICAL EXAMINER  URRED  1 WHILE WORK  (1) (His hospi	19b CONE  19b TIME ( HOUR A )  21e PLACE (AT HOME 5)	OF INJURY  A.M. MONTH D.  O.M.  OF INJURY  TREET, FACTORY, OFFICE, F	AY YEAR 19 FARM, ETC.)	211. HOW INJURY OCCURR  211 LOCATION STREET  19 dd that in (my) (our) opinion o	200 AUTOPSY? YES NO CITY CONTINUE CITY CONTINUE to depth occurred on the defeated.	20b. IF YE IN CERTI YI JRY IN ITEM 18	S, WERE FIND IN IFYING CAUSES ES PART 1 OR PART 2)	NGS USED OF DEATH? NO  STATE  thor (I) (we) la
A	210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY M 21d. INJURY OCCI WHILE NOTIFY M 22a.1 certify that sow the dece above, (1) (we 22b. SIGNATURE	RATION  UNDERLYING  CAUSE OF DEA  MEDICAL EXAMINER  URRED  1 WHILE  (1) (this hospi eosed olive on e) (didy old po	21b. TIME ( HOUR A ) 21e PLACE (AT HOME 51	OF INJURY  A.M. MONTH D.  O.M.  OF INJURY  TREET, FACTORY, OFFICE, F	AY YEAR 19 FARM, ETC.)	211. LOCATION  211. LOCATION  STREET  211 LOCATION  COLUMN  ATTENDING PHYSICIAN  PHYSICIAN	280 AUTOPSY?  YES NO CITY CORE.	20b. IF YE IN CERTI YI YEV IN ITEM 18	S, WERE FIND IN IFYING CAUSES ES PART 1 OR PART 2)	NGS USED OF DEATH? NO  STATE that (I) (we) laccauses stated
	210. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER NOTHEY AT  21d. INJURY OCC!  WHILE NOTHEY HOT AT WORK AT  220.1 certify that sow the dece obove, (I) (we	RATION  UNDERLYING  CAUSE OF DEA  MEDICAL EXAMINER  URRED  1 WHILE  (1) (this hospi eosed olive on e) (didy old po	21b. TIME ( HOUR A ) 21e PLACE (AT HOME 51	OF INJURY  A.M. MONTH D.  O.M.  OF INJURY  TREET, FACTORY, OFFICE, F	AY YEAR 19 FARM, ETC.)	211. LOCATION STREET  211 to CATION STREET  211 to CATION STREET  212 to CATION STREET  213 to CATION STREET	200 AUTOPSY?  YES NO CITY OF THE CITY OF T	20b. IF YE IN CERTI YI YEV IN ITEM 18	S, WERE FIND IN IFYING CAUSES ES PART 1 OR PART 2)	NGS USED OF DEATH? NO  STATE  thor (I) (we) la
A.	210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY M 21d. INJURY OCCI WHILE NOTIFY M 22a.1 certify that sow the dece above, (1) (we 22b. SIGNATURE	RATION  UNDERLYING  CAUSE OF DEA  MEDICAL EXAMINER  URRED  1 WHILE  (1) (this hospi eosed olive on e) (didy old po	21b. TIME ( HOUR A P) 21c PLACE [AT HOME 5] tol) oftended to view the body	OF INJURY  A.M. MONTH D.  O.M.  OF INJURY  TREET, FACTORY, OFFICE, F	AY YEAR 19 FARM, ETC.)	211. LOCATION  211. LOCATION  STREET  211 LOCATION  COLUMN  ATTENDING PHYSICIAN  PHYSICIAN	280 AUTOPSY?  YES NO CITY OF BE  CITY OF BE  MEDICAL STA DIRECTOR PHYSIC	20b. IF YE IN CERTI YI YEV IN ITEM 18	S, WERE FIND IN IFYING CAUSES ES PART 1 OR PART 2)	NGS USED OF DEATH? NO  STATE that (I) (we) lacauses stated
MEDICAL	210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY M 21d. INJURY OCCI  WHILE AT WORK 22a.1 certify that sow the dece obove, (1) (we 22b. SIGNATURE  22d. PHYSICIAN'S  P. L. K.	RATION  UNDERLYING  CAUSE OF DEA MEDIC AL EXAMINER  URRED  1 WHILE WORK  (1) (this hospi e) (did rold po	21b. TIME ( HOUR A P) 21c PLACE (AT HOME 5)  view the body	DITION FOR WHICH  OF INJURY  A.M. MONTH D.  P.M.  OF INJURY  TREET, FACTORY, OFFICE, F  A deceased from  19  25  19  23  1	AY YEAR 19 FARM, ETC.)  NAME OF C	211. LOCATION  211. LOCATION  STREET  211. LOCATION  STREET  212. ADDRESS  PHYSICIAN  222. ADDRESS  PMETERY OR CREMATORY	200 AUTOPSY?  YES NO CITY OF THE CITY OF T	20b. IF YE IN CERTI YI YI YI IN ITEM 18 ate and how	S, WERE FIND IN IFYING CAUSES ES  PART 1 OR PART 2)  COUNTY  UT and from the	NGS USED OF DEATH? NO  STATE that (I) (we) laccauses stated
WEDICAL MEDICAL	210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY M 21d. INJURY OCC WHILE AT WORK 220. I certify that sow the dece obove, (I) (w 22b. SIGNATURE  22d. PHYSICIAN'S  P.L. KU BURIAL, CREMATIO (SPECIFY) BUTIAL	RATION  UNDERLYING  CAUSE OF DEA MEDICAL EXAMINER  URRED  1 WHILE WORK  (1) (this hospi eosed alize on e) (did rold po	21b. TIME ( HOUR A P) 21c PLACE (AT HOME S) tol) ottended tol view the body  23b. DATE 11-2	OF INJURY  A.M. MONTH D.  OF INJURY  REET, FACTORY, OFFICE, F  y ofter death.  23. 1	AY YEAR 19 FARM.EIC)  NAME OF CEST H	211. HOW INJURY OCCURR  211. LOCATION STREET  211. LOCATION STREET  212. ADDRESS  PHYSICIAN 222. ADDRE	Z80 AUTOPSY?  YES NO SED (ENTER NATURE OF INJUDED (ENTER NATURE OF INJUDED IN TO SEE A SECOND IN TO SECOND IN TO SECOND IN THE S	20b IF YE IN CERTIN YIN JIEM 18  ate and house of the property	S, WERE FIND IN IFYING CAUSES ES PART 1 OR PART 2)  COUNTY  OUT and from the PART 2, Washi	NGS USED OF DEATH? NO   STATE  that (II (we) lacauses stated AIGNED  ngton
WEDICAL WEDICAL	210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY M 21d. INJURY OCCI  WHILE AT WORK 22a.1 certify that sow the dece obove, (1) (we 22b. SIGNATURE  22d. PHYSICIAN'S  P. L. K.	RATION  UNDERLYING  CAUSE OF DEA MEDICAL EXAMINER  URRED  1 WHILE WORK  (1) (this hospi eosed alize on e) (did rold po	21b. TIME ( HOUR A P) 21c PLACE (AT HOME S) tol) ottended tol view the body  23b. DATE 11-2	OF INJURY  A.M. MONTH D.  OF INJURY  REET, FACTORY, OFFICE, F  y ofter death.  23. 1	AY YEAR 19 FARM.EIC)  NAME OF CEST H	211. HOW INJURY OCCURR  211. LOCATION STREET  211. LOCATION STREET  212. ADDRESS  PHYSICIAN 222. ADDRE	Z00 AUTOPSY?  YES NO CITY COME  CITY COME  MEDICAL STA  DIRECTOR PHYSIC  46 AUTOPSY?  AEDICAL STA  DIRECTOR PHYSIC  47 AUTOPSY  AEDICAL STA  DIRECTOR PHYSIC  AEDICAL STA  DIRECTOR PHYSIC	20b IF YE IN CERTIN YIN JIEM 18  ate and house of the property	S, WERE FIND IN IFYING CAUSES ES PART 1 OR PART 2)  COUNTY  OUT and from the PART 2, Washi	NGS USED OF DEATH? NO  STATE that (I) (we) Ic causes stated THOMED  THOMED  THOMED

71-0866 A. F. Collins I were live.

(IF YES, GIVE WAR OR DATES)

# STATE OF MARYLAND

EP	ARTMENT	OF	HEA	LTH	AND	MENTA	L HYGIENE
	CE	RT	FIC	ATE	OF	DEATH	

STATE REGISTRAR			ERTIFICATE OF DE		REG. NO.		
T DECEASED NAME (TYPE OR PRINT)		inta /	ernanc	4	NORM DEATH MONTH	10 195:	26 HOUR 3 2 2 2 GM
female	4. RACE white		Date of Birth  January 9,	-	AGE (IN YEARS LAST BIRTHDAY)  76  YR	MONTHS DAY	
70. BIRTHPLACE (STATE OR FORE COUNTRY) Santiago, Chi		Λ 1	ARRIED NEVER MA	ARRIED . 9.1	Washington	NTY OF DEATH	MD
10. CITY OR TOWN OF DEATH Hagerstown		HOSPITAL, NURSING H H FACILITY, GIVE STREET ADDR TON COUNTY			O. USUAL OCCUPATION  YPE OF WORK FOR MOST OF WORKIN  housewife		OF BUSINESS OR
USUAL RESIDENCE (IF NURSING 130. STATE 13. Maryland	HOME OR OTHER INSTITUTION L COUNTY Washington	GIVE RESIDENCE BEFORE ADM 13. CITY OR TOWN Hagerstown	13d. INSIDE CIT	Y LIMITS? 13	STREET ADDRESS / ZIP C	owers	21740
14 FATHER'S NAME FIRST  Manuel	WIDDIE	Villavicen		MAIDEN NAME IRST  ta Y.	Villavcencis	Roche	LAST

	IIIB. Galla Galachas, mag-1	,
18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per line for 101, (b), ond co.  Dev: ECAUSE (o) Fi 5 to vs Meso the liona of the lungs + pluna	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF WITH MIDE SPUR SMEDITION	10 years
gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OHypeolycomia accompanying tumo	3 months

17 INFORMANT

Julia Cardenas, Hagerstown, Md.

190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES, WERE F	
			YES NO	YES	NO 🗆
7)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)	21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I OR PA	RT 2)
ZId INJURY OCCURRED  WHILE OF NOTWHILE OF AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR T	OWN COUN	TY STATE

(our) opinion death accurred an the date and hour and from the couses stated

ATTENDING MEDICAL STAFF
PHYSICIAN DEFRECTOR PHYSICIAN 22e ADDRESS

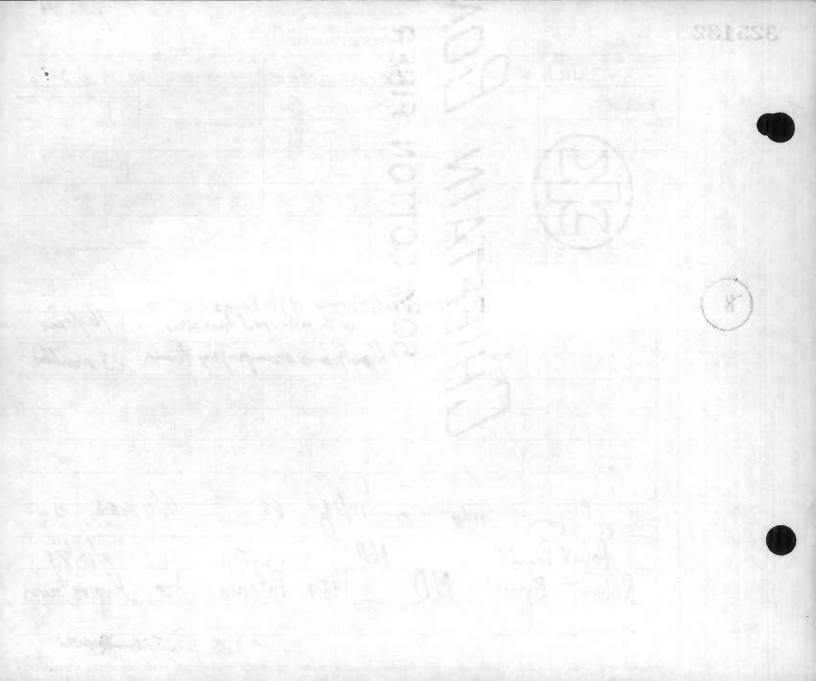
231. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION REMOVAL (SPECIFY)

Smithsburg, Wash., Maryland Nov. 11,1985 Smithsburg Crematory cremation MINNICH FUNERAL HOME E. Wilson Blvd., Hagerstown, Maryland 21740

DHMH - 16 60M 7/84

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



### FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.			
	CEASED NAME FRST HAS	zel MIDDLE E	lizabeth Fo	FORBES ORBES	20 DATE OF DEATH	MONTH	DAY	YEAR 85	3 45 p
3 51		RACE	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BI	RTHDAY	MON. HS	RIYEAR	IF UNDER 24 HR
	Female	CAUCASIO		27 07	78	YRS			
No	orth Carolina	U.S.A	MARRIE		BALTIMORE CITY OR COUNTY OF DEATH   Washington				
10. 0	Hagerstown		L, NURSING HOME C GIVE STREET ADDRESS) On County	Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewit				BUSINESS O
	STATE N.C. ROWAN	113c CIT	ence before admission) CORTOWN IS DUTY	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 128 N. Me			e 9	28144
14. F	ATHER'S NAME FIRST Ernest		loop	Susan	ME MIDDLE			Bos	tian
	WAS DECEASED EVER IN U.S. ARME		CIAL SECURITY NO.	17 INFORMANT	ADDR	ESS		10	
	(YES, NO OR UNKNOWN) (IF YES, GIVE W.	AR OR DATES) 239	-46-8591	Mrs. S. Patr	icia Garden	nhour			
	(YES, NO OR UNKNOWN) (IF YES, GIVE W.	nne couse per line for I	on, (b), and ice)  Out of a  ONSEQUENCE OF	Mrs. S. Patr avry eugy	icia Garder	nhour			urg, Md.
	(YES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE COnditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A C	ONSEQUENCE OF  ONSEQUENCE OF  ONSEQUENCE OF	elugy g	INAL DISEASE OR COM	IDITION GI	IVE V IN I	APPROXIDATE	MATÉ INTERVAL MSÉT AMD DÉATH
	(YES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED B IMMEDIATE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A C	ONSEQUENCE OF	elugy g		IDITION GI 20b. IF YE IN CERT	IVEN IN	APPROXIMENCE PART 110	MATE INTERVAL NSET AND DEATH
	(YES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE COnditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A C  (c)  DUE TO, OR AS A C  (c)  DUITIONS CONTRIBU  21b. TIME OF INJURY	ONSEQUENCE OF ONSEQUENCE OF TING TO DEATH BUT OR WHICH OPERATION	elugy g	INAL DISEASE OR CON  286. AUTOPSY?  YES NO	IDITION GI	IVEN IN I	PART 110	GS USED

TO FUNERAL DIRECTOR: After this certificate hos been signed by should be detoched for use as the buriol-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial, IMPORTANT: If Hem 21 is marked or Item 18 show JO HOSPITAL

ENDING PHYSICIAN: The

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

23a. BURIAL, CREMATION, 236. DATE

runeral Home

Nov.7, 1985

Smithsburg, Md.

22b. SIGNATUR

(SPECIFY)

24 FUNERAL DIRECTOR

Burin

22e ADDRESS 1610

DEGREE

23d LOCATION

MEDICAL STAFF
DIRECTOR | PHYSICIAN |

22c. DATE SIGNED

23c. NAME OF CEMETERY OR CREMATORY Chestnut Hill Cemetery

ATTENDING

Salisbury, Rowan, N.C. STATE

750. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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the property of the law way

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 322004 REG. NO DECEASED NAME LAST 20 DATE OF DEATH 2b. HOUR TYPE OR PRINTS 12 NOON Helen Goodwin 4-85 IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR Female au BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Maryla nd WIDOWED DIVORCED Washington County ID CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rolling Road Fairchil Secretary Hagerstown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BÉFORE ADMISSION) 1136 COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Washing Hagerstown YES [ 837 Rolling 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Carr John )avis ADDRESS 16b. SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) No same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Renal failure Conditions, if ony, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d. INJURY OCCURRED 21a. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE Aug 22a. I certify that (1) (this hospital) attended the deceased from\_ 70 30 19 85, and that in (m) (ex) apinion death accurred on the date and haur and from the causes stated sow the deceased alive on 30 obove (wer did (and not) view the body after death. 22h SIGNATURE DEGREE 226 DATE SIGNED Reckard E. Amith, M.D. ATTENDING MEDICAL should be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 21740 Richard E. Smith 1708 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d. LOCATION (SPECIFY) CITY OR TOWN Burial 11-6-85 Rest Haven Cemetery Hagerstown 24 FUNERAL DIRECTOR N. Potomac St. DHMH - 16 50M 4/82 wie was don from (VRA 15, 4) N. Minnich Hagerstown, Maryland

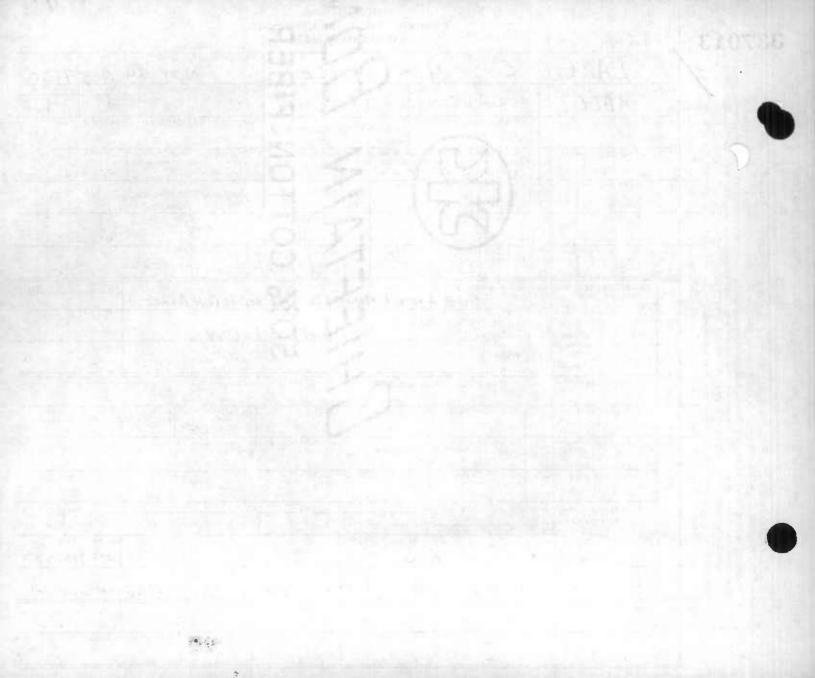
#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG, NO.				
/		OR PRINTI EAR	FIRST	Claren	ee H	IART	ENCE	20 DATE OF DEATH MO	V 24,	1985	26 HOUR 4:3	
	3 SEX	MALE		4 RACE	luc.	S. DATE C		6. AGE (IN YEARS LAST BIRTHD	YRS IF U	HS DAYS	HOURS	MIN,
1	C	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8. MARRIEI WIDOWE	NEVER MARRIED DE DIVORCED	9 BALTIMORE CITY <u>OR</u> C Washingt		DEATH		MD.
9		ty or town of DEA	ATH	(IF NOT IN SUC	HEACILITY GIVE	STREET ADDRESS)	Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W electrician	ORKING LIFE)	26. KIND OF NDUŞTRY <b>priva</b> t		
6	13a S	AL RESIDENCE (IF NURS TATE aryland	136 COUN		13c CITY OR Clean	TOWN Spring	13d INSIDE CITY LIMITS? YES NO X	Route 1, B		21	12	7
C	III FA	THER'S NAME William		J. H	artpeno	ce	15 MOTHER'S MAIDEN NA/ FIRST  Edith	WIDDLE		Weign:	an	
	(YES, NO OR UNKNOWN) (IF YES G			MED FORCES? E WAR OR DATES)		SECURITY NO. 1-5710A	William Ha	rtpence, Cle		ing, l	Md.	
		18 CAUSE OF DEATH PART I. DEATH W	'AS CAUSE	ly ane cause per D BY: E CAUSE (a)			HNOID HE	MORRHAG	GE .	APPROXIA BETWEEN O	AATE INTERV.	A[ EATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost		(b)		EQUENCE OF	HYPERTE	NSIDN				
	NOI	PART 2. OTHER SIGN	NIFICANT (	CONDITIONS	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN	IN PART 1:0		
2	CERTIFICATION	19a DATE OF OPERAT	TION	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED		N CERTIFYING YES			1?
1	10.00		, ACCIDENT WAS UNDERLYING		I DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY II	NITEM IS PART I	OR PART 2)			
	MEDICAL	21d INJURY OCCURE	OLE	21e PLACE (AT HOME, STI		FFICE FARM ETC )	211 LOCATION STREET	CITY OR TOWN		COUNTY	STA	NTE .
H		22a I certify that (1) saw the decease abave, (1) (we) (c	ed alive an				, 19, 19	, to death accurred an the date	and hour and		hat (II (we auses state	
		226. SIGNATURE	uar	d By	of 1	U, D	to the same of the	MEDICAL STAFF DERECTOR   PHYSICIA	z 🗌	220 DATE S	Wu.	85
		EDWA		ByR	D, M	. D.	1198 KEN	LY AVE.	HAG	ERS	TOWI	N
	EDWARD  23a BURIAL, CREMATION, REMOVA  (SPECIFY)  burial		REMOVAL	23b. DATE Nov. 26	,1985		rook Cem.	Bound Broo	k,	OUNTY	N.J.	

DHMH - 16 60M 7/84

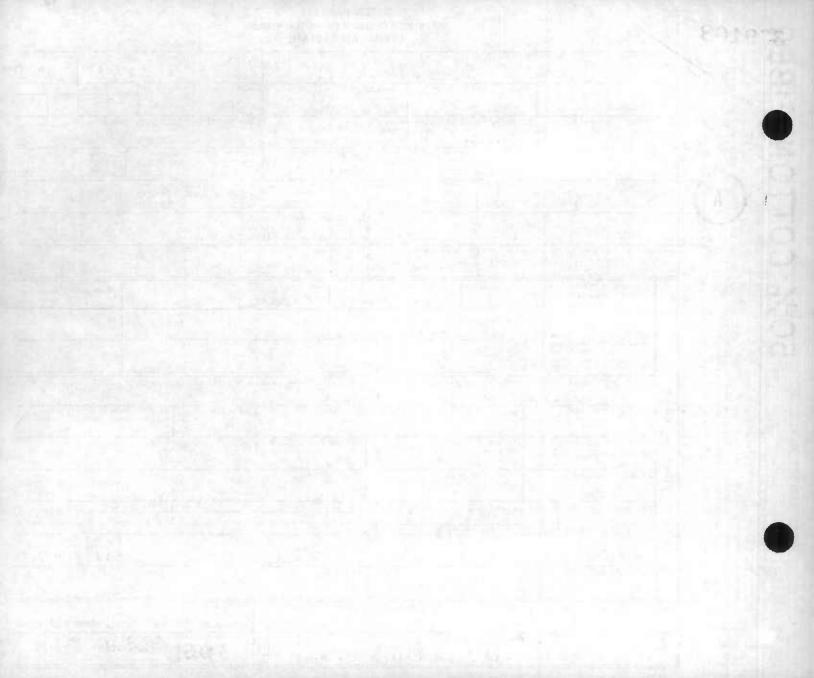
(VRA 15, 4)

FUNERAL DIRECTOR MINNICH FUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Md. 21740



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B15/5 (04)					
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Brit, bil	zaroziu.	vasno Liet	atequent on		
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	zamożius		akdaminat otak : dayis onun		
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			akdaminat otak : dayis onun		

309108	1-	FOD STATE REGISTRAR			DEPARTA	LENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	o.		7
mod be			FIRST	I. RACE	Sherley	1 le n		20 DATE OF DEATH  6. AGE (IN YEARS LAST BIR	THOAY) IF	O & F	1202 AN
S of the s		male	8 74	whit	e	July	7, 1918 YEAR	6	7 YRS.	THS DAYS	HOURS MIN.
oth. Pogo		RTHPLACE (STATE OR FO	REIGN	U.S.	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY C			MD.
s ofter de		CITY OR TOWN OF DEATH  lagerstown		11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AC Washington Cour		G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O salesman	ON OF WORKING LIFE)	126. KIND OF INDUSTRY	BUSINESS OR
AND 212	13a. S	AL RESIDENCE (IF NURSINITATE  ryland	36 COUN	other institution ty ington	I3c CITY OR TOW Hagersto	V	13d. INSIDE CITY LIMITS? YES NO 🔀	13e.STREET ADDRESS . 115 Allen	ZIP CODE	21740	
omple ond		Harry		J.	Hennes	2	IS MOTHER'S MAIDEN NAV	M.		Mille	er
IMORE n and c Pages medico	C	VAS DECEASED EVER IT		MED FORCES? WAR OR DATES)	219-07-0		Mrs. Kathari	ne Hennesy		stown,	Maryland
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ratherding physician.  When this certificate has been signed by the attending physician and complete filling as the burial-transit permit. Then please remove corban papers. Pages and smould be the and Mental Hygiene prior to burial, cremation, or removal.  The and Mental Hygiene prior to burial, cremation, or removal.  The and Mental B shows any injury, or other traumatic event, the medical exaft.	CERTIFICATION		ediate the lost.	(b) DUE TO, O	ENTRIBUTING TO D	NCE OF DEATH BUT	NOT RELATED TO THE TERM WAS PERFORMED	INAL DISEASE OR CON  200 AUTOPSY?  YES \( \text{VOITE} \)	20b. IF YES, W	ERE FINDING	
HOSPITAL OK ATTEND ned by the hospital or FUVERAL DIRECTOR A uld be detached for use 1 the State Dept of Heal ORTANT: if them 21 is m	MEDICAL CERT	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF ETHER NOTIFY MEDICA 21d INJURY OCCURRE WHILE WHILE AT WORK NOT WHILE SOW the decease Cabove (I) (we) (di 22b SIGNATURE	USE OF DEAL LEXAMINER) D E Ithis haspit I alive an alice of a control of the cont	P. 21e PLACE (AT HOME STI	M. MONTH DA M. OF INJURY REET FACTORY OFFICE, F e deceased from 19	19 ARM ETC)	21c. HOW INJURY OCCURS  21l LOCATION SIRET  19 d that in (my) (aur) apinion of the company of th	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	COUNTY	STATE  STATE  DIST (It (we) lost  Duses stated
BP	23a. B	URIAL, CREMATION, R SPECIFY) buria		Dec. 3	,1985 Gre		m Mem. Park	23d LOCATION CITY OR TOWN WILLIAMSPO	ort. Was	ouniy h.,Mar	yland
UHMH - 16 60M 7/B4 (VRA 15, 4)	24. FU	MAME  NAME  NAME		1	RAL HOME	رالي سا	Hag.MD.	REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNATU	RE PROSE .



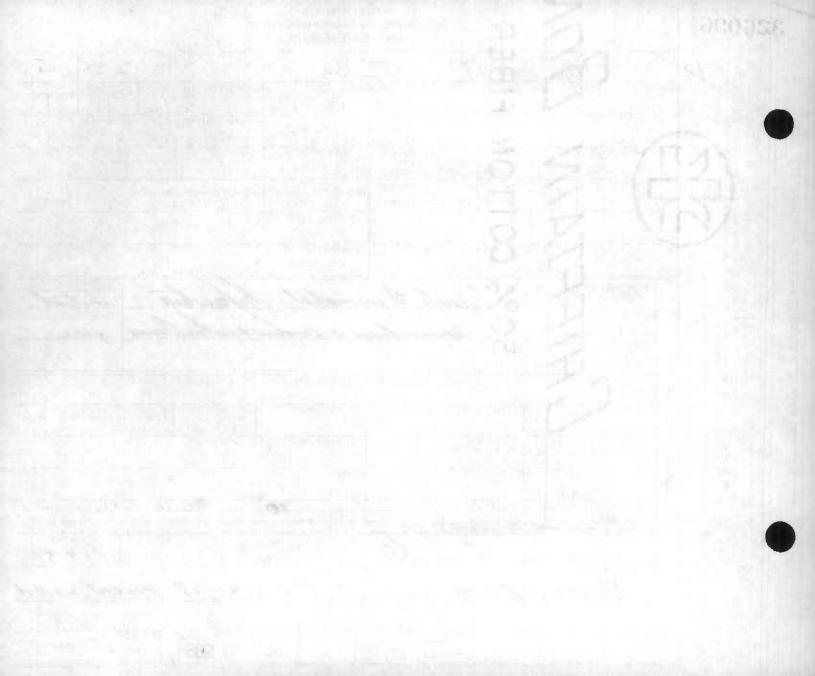
3260,96

STATE OF MARYLAND

		REGISTRAR			CEKITE	ICATE OF DEATH	REG. NO	).		
2		CEASED NAME OF FIRST	Vincent		1	Chia	2a. DATE OF DEATH	MONTH DAY	YEAR 2h	HOUR 105
	3. SEX	Icul	4 RACE		5. DATE O	C B IDTH	6 AGE (IN YEARS LAST BIRT	HDAYL IF UND	ER I YEAR IF	UNDER 24 HRS
		ale	white		MONTH		10	9 MONTHS	_	OURS MIN.
9 1			7b. CITIZEN OF WHA	T COUNTRY?	8.		9 BALTIMORE CITY O	R COUNTY OF D	EATH	
9	C	aryland	USA		MARRIE	DI DIVORCED	Washin			MD.
Z	10 CF	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPATION			USINESS OR
1	2	agerstown		ton Cou	nty	Hospital	truck dri		DUSTRY	
5	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Wash:	TY 13c	CITY OR TOWN agersto		YES NO	13e STREET ADDRESS / 2457 Virg:		. 21	.740
//	14. FA	THER'S NAME	AIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		1 AST	
1		Elijah	The second	Irby		Lenora			Mos	e
,		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166	SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDRE	SS		
	Υe			4-09-40	44	Irene Irby,	Hagerstown	, Md.		
	TION	Conditions, if ony, which gove rise to immediate couse (o), stofing the underlying couse lost.  PART 2 OTHER SIGNIFICANT C		IBUTING TO DE	ATH BUT		_			
1	CERTIFICATION	19a. DATE OF OPERATION	148 CONDITION	FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF	
1	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	MONTH DAY	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 O	R PART 2)	
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF IN (AT HOME, STREET, FA		RM, ETC )	ZII LOCATION STREET	CITY OR TO	WN CC	YIMUC	STATE
		22a.1 certify that (1) (this hospit	ol) attended the dec	eosed from		19 30	to_ Nev.	12, 198	T. tho	r (h (we) lost
		saw the deceased alive on above, (1) (we) (did) (did no	view the hady after	death.	, or	nd that in (my) ( <del>our) apinion</del> a	death occurred on the do	ite and hour and	from the cou	ses stated
	3.5	22b SIGNATURE	_		10	DEGREE			2c. DATE SIG	NED
1		Ede	an allen	2 9	19	ATTENDING PHYSICIAN	MEDICAL STAF	IAN [	11/14	155
		22d PHYSICIAN'S NAME (TYPE O	RPRIMI,  B Mood	6		22e ADDRESS	30× /63	Hoge	stou	ufled
	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N/	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	COU	VTY	STATE
	Ь	ürial	Nov. 15,1	985 Ro	se H	ill Cemetery	Hagerstov			yland

DHMH - 16 60M 7/B4 (VRA 15, 4)

RECTOR MINNICH FUNERAL HOME Wilson Blvd., Hagerstown, Md. 21740



#### FOR - STATE REGISTRAR

3. SEX

I DECEASED NAME TYPE OR PRINT

I CITY OR TOWN OF DEATH

Hagerstown

Clayton

## STATE OF MARYLAND

	100
PEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

	CERTIFICATE OF DEATH	REG. N	10.				
MIDDIF	JAST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b HOU	R
Elias	JACOBS Jr.		Nov.	22,	198	16-50	SAM
RACE	A/DATE OF BIRTH	6. AGE (IN YEARS LAST B	R1HDAY)	IF UND	ERIYEAR	IF UNDER	24 HRS
White	July 4, "1921"	64	YRS	MONINS	DAYS	HOURS	MIN,
CITIZENI OF WHAT COUNTRY	E.	9 BALTIMORE CITY	OR COLINI	Y OF D	EATH		

Male 10 BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED U.S.A Maryland DIVORCED

washington County

WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Hospital

Washington 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE Tannery Co.

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1130. COLINTY.
1127. CITY OR TOWN. Wash. 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Hagerstown Md. 204 N. Cannon Ave. YES X NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Ida

Clayton Jacobs Sr. 160 WAS DECEASED EVER IN U.S. ARMED FORCES IAA SOCIAL SECURITY NO (YES, NO OR UNKNOWN)

17 INFORMANT

Jacobs, Hagerstown, Md. Mrs. Juanita J.

yes 18 CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which cause lat, stating the DUE TO: 0 underlying couse last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE

190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	
			YES NO	YES 🗌	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEA	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART I OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 1	9			

21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE

211 LOCATION STREET

CITY OR TOWN STATE

22a I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 22b. SIGNAT DEGREE

23c NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery

PHYSICIAN

ATTENDING

MEDICAL STAFF

COCATION Smithsburg, Washyll.

STATE

21740

Snook

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

24 FUNERAL DIRECTOR Davis Funeral Home ADDmithsburg, Md.

should be deta with the State IMPORTANT:

BP

DHMH - 16 60M 7/B4 (VRA 15, 4)

not in Linuis 11.21 5 Makely make the first to the first t 1 - STATE

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

16005	1-	STATE REGISTRAR		DEPARTM	CERTIFICATE OF DEATH  REG. NO.					
poge 3		CEASED NAME FIRST Helei	WIDDE	*	AERCH	EP.	20. DATE OF DEATI		DAY YEAR 2 1985	26 HOUR
ector. pog	3. SE		RACE White	mean?	5. DATE OF BIRTH	1924	6 AGE (IN YEARS LAS	1 100	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
B 2 A	70 BI	emale  ATHPLACE (STATE OR FOREIGN OUNTRY)  NNSVLVania	76. CITIZEN OF WHA	AT COUNTRY?	MARRIED NE	EVER MARRIED	9 BALTIMORE CIT	_		
by the funeral	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSI (IF NOT IN SUCH FACE Vashingt	CILITY, GIVE STREET A	(DDRESS)	DIVORCED TRINSTITUTION  Dital	120 USUAL OCCUP	ATION	12b. KIND C	MD.  DF BUSINESS OR  Truck
filled in the fi	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME C TATE 136 COL	INTY 13c		ADMISSION)	SIDE CITY LIMITS?	130 STREET ADDRE	ss/zip.coi	e Churc	2/740 ch Rd.
and 2		THER'S NAME harles On	MIDDLE Ifry Sh	usko	15. MO1	THER'S MAIDEN N	AME	E	LAS	Τ,
Pages,		VAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, G NO	IVE WAR OR DATES)	94-12-		bert C.	Kaerche	oress r Same	e as 13	5
nding physici corbon poper or removal.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	EĎ BY: ATE CAUSE (a)	(140)	NEE ST. S.	peres	, ,		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
d by the ottendin eose remove carb ol, cremotion, or or other traumotic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS  (b)  DUE TO, OR AS		NCF OF	CINOM	merrial			
t. Then plior to buri	ATION	PART 2 OTHER SIGNIFICANT			<u>PEATH</u> BUT NOT REI		MINAL DISEASE OR C		ES, WERE FINDIN	
hysicion. Icote hos be ronsit permi Hygiene pri	CERTIFICATION	2]a ACCIDENT WAS UNDERLYING	21b. TIME OF IN				YES NO	IN CERT	IFYING CAUSES YES []	OF DEATH?
entol	MEDICAL CI	OR CONTRIBUTING CAUSE OF DI	HOUR A.M.	MONTH DA	Y YEAR 19		RRED (ENTER NATURE OF	INJURY IN ITEM 18	PART 1 OR PART 2)	
After this e os the bu	MED	21d. INJURY OCCURRED  WHILE NOT WHILE TAT WORK	21e PLACE OF IN (AT HOME STREET, F			CATION STREET	CITY C	RIOWN	COUNTY	STATE
CTOR: A Ifor use of Health		77s.1 certify that it (the hosp saw the deceased alive a above, it) live (did) (did n		10		(my) (aur) apiniar	, tan death occurred an th			that (I) (we) lost couses stated
y the ho RAL DIRE detached note Dept		27% SIGNATURE	losster	(W	DEGREE		MEDICAT DIRECTOR DIPH	STAFF YSICIAN [	22c. DATE	SIGNED
TO FUNERAL should be de- with the Store		THE PHYSICIAN SINAME THE	CR SALML)		27e AD	PORESS H	owell m	170	615 1	mo
e ⊢ ~ ≥ ≥	23 a B	URIAL, CREMATION, REMOVA	L 236 DATE	23c. N	AME OF CEMETER	OR CREMATORY	23d LOCATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

N. Potomac 24 FUNERAL DIRECTOR N. Minnich Hagerstown, Maryland

Buria]

Cemetery

Hagerstown Wash. Mc pate rec'd by registrar 23b. registrar 23b. registrar 25b. re

AS SAPINE INTEREST TO CONTRACT TO CONTRACT TO

.

MINNICH FUNERAL HOME

415 East Wilson Blvd., Hagerstown, Maryland 21740

Nov. 4,1985 | Rose Hill Cemetery

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Zh: HOUR November 1, 1985 WHINDER FYEM 91<sub>vas</sub> BALTIMORE CITY OR COUNTY OF DEATH Washington 12b KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE 13. STREET ADDRESS 266 South Potomac Street 21740 Duke Mr. Donald W. Karn, Hagerstown, Maryland CERTIFYING CAUSES OF DEATH? county STATE your) opinion death occurred an the date and hour and from the couses stated

Hagerstown, Wash., Maryland

ODWAR 254 REGISTRAR S SHONA PARA

DHMH - 16 50M 1/81 (VRA 15, 4)

burial

35.05.11 more and of the last of the arteristic to continue Chains olot, feller Diej: Post aboute greaten

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

#### FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

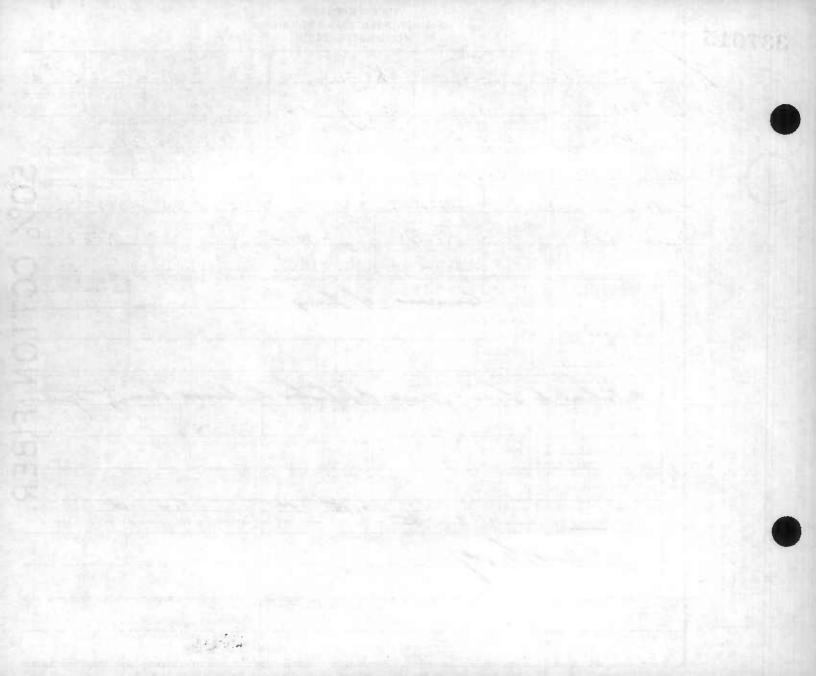
REG. NO.

		7 17.0						discountry of the same of the	DAY Y	F . O .	
TYPE	CEASED NAME FIRST	Jepth	Zie	LAST		2a. DATE O	F DEATH W	ONTH	DAT Y	EAR	2b. HOU
	CHARLE	3	5.	KE	FD4	- L		11 -	24-	85.	5
3 SE)	X	4. RACE	5	DATE OF BI			YEARS LAST BIRTH	DAY)	IF UNDER		IF UNDER
mo	ale m	white		MONTH	DAY YEA		00		MONTHS	DAYS	HOURS !
7- 01	IRTHPLACE (STATE OR FOREIGN	TI STATES OF WA	LAT COUNTRY 9	18	14 0	2	NE CITY OR	YRS.	OFPEA	TU	
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WI	HAI COUNTRY?	MARRIED D	NEVER MARRIE	D D Y BALTIMO	ORE CITY OR	COUNTY	OF DE A	in.	
	MD.	U.S	. H. V	WIDOWED [	] DIVORCE		UASH)	カムフ	60		
10. CI	ITY OR TOWN OF DEATH		SPITAL, NURSING		THER INSTITUTIO		OCCUPATIO			IND OF	BUSINE
40	ALERSTOWN	MIERRY16	EN NARS		donE	Da	Posi	VORK II 4O EII	L) INDO	SIKI	1.
USU/	AL RESIDENCE (IF NURSING HOA		VE RESIDENCE BEFORE AD	MISSION)		1 AAT	214000		1164	children.	7515
13a. S	STATE 13b. C	OUNTY	CLITY OR TOWN	JA236-37	INSIDE CITY LIM		ADDRESS /	ZIP CODE	11		1
14.54	MD. WI	95H.	HATPL		S NO		DUE C	ARDO	50/1/	7/	57
14 FA	ATHER'S NAME FIRST	MIDDLE	LAST	15	MOTHER'S MAID! FIRST	EN NAME	WIDDLE			LAST	Fle
1	CHARIES	N	KEDDO	1	Ems	mA		10	309	cccca	xxx
	WAS DECEASED EVER IN U.S		S SÓCIAL SECURH	PY NO. 17	INFORMANT		ADDRES	5			-
No		S. GIVE WAR OR DATES)	705-10-46	02 M	rs. Ella	M. Keedy	. Will	iams	port	Ma	7.
	18 CAUSE OF DEATH (Ente		- 6 (h 1							PPROXIMA WEEN ON	
	PART I. DEATH WAS CA	USED BY	-		11				867	WEEN ON	ISET AND
		DIATE CAUSE (0)	accessor	of of	Lung						
	gove rise to immediate								-	-	
	gove rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICA	DUE TO, OR A	AS A CONSEQUENC		T RELATED TO THE	E IERMINAL DISEA:	SE OR COND	TION GIJV	EN IN PA	ARI NO	
NOIL	PART 2. OTHER SIGNIFICA	DUE TO, OR A  (c)  NT CONDITIONS CON  The Lever	TRIBUTING TO DE	ATH BUT NOT	februlo	a Pack	energy	Our	me	Acres .	is 1
TIFICATION	cause (a), stating the underlying cause last	DUE TO, OR A  (c)  NT CONDITIONS CON  The Lever	TRIBUTING TO DE	ATH BUT NOT	februlo	- 11	OPSY?	TION GIV 20b. IF YES IN CERTIF	, WERE F	INDINE	
CERTIFICATION	PART 2. OTHER SIGNIFICA	DUE TO, OR A  101  NT CONDITIONS CON  19b CONDITION  21b. TIME OF I	TRIBUTING TO DEA	ATH BUT NOT	AS PERFORMED	20a AUT	OPSY?	20b. IF YES IN CERTIF YE	WERE F	INDING AUSES C	F DEAT
CERTIFICAT	PART 2. OTHER SIGNIFICA  PART 2. OTHER SIGNIFICA  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING  CAUSE O	DUE TO, OR A  IC)  NT CONDITIONS CON  19b CONDITION  DEPTH CONDITION  TO THE CONDITI	ITRIBUTING TO DE	PERATION W	AS PERFORMED	20a AUT YES 🗆	OPSY?	20b. IF YES IN CERTIF YE	WERE F	INDING AUSES C	F DEAT
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CAL CERTIFICAT	PART 2. OTHER SIGNIFICA  PART 2. OTHER SIGNIFICA  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF ETHER NOTHEY MEDICAL EXAM 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (I) (this h	DUE TO, OR A  IC)  NT CONDITIONS CON  19b CONDITION  19b CONDITION  19b CONDITION  19b CONDITION  21b TIME OF INDICATE OF INDI	ITRIBUTING TO DE- ON FOR WHICH OF NJURY MONTH DAY INJURY INJURY IF ACTORY, OFFICE, FARM	PERATION W  YEAR  19  211  MA ETC.)	AS PERFORMED  C. HOW INJURY OF THE PROPERTY OF	200 AUT YES  CCCURRED (ENTER N	OPSY?  NOW  ATURE OF INJURY	20b. IF YES IN CERTIF YE	COUNTY and from	ATT 2)	S of (I) (visuses sto
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should be detached for use as the burial-transit permit. Then please remove carban-papers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending



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SION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	PHYSICIAN: The low reguless in the deby certificate be executed within 24 hours after death. Page 4 meding physician.	this certificate has been signed by the attending physician and completely tilled in by the tweetal directors to buriofication permit Then piece immore action papers. Pages Completely suffice with gothern and the burious burious to burious the second statement to business the common statement of the second statement
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1 - FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND BEALTH AND MENTAL I ICATE OF DEATH	HYGIENE	REG. NO.	201	5
DECEASED NAME	79657		DOM	f	AST	20 DAT	E OF DEATH MONTH	DAY YEAR	2b. HOUR
TITIE OF PRINT	Marie	SLA	YMAN	KI	ERNS	Nove	ember 2, 198	5	5:20 AM
I. SEX		4. RACE		5. DATE C		6. AGE	(IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
Female	1970	Whit	e	Feb	. 20, 1904		81 <sub>YRS.</sub>	MONTHS DAYS	HOURS MIN.
BRITHPLACE STATES	DA HORREGO		VHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALT	MORE CITY OR COUN		
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Williams	EATH	(IF NOT IN SUCH	EACILITY, GIVE STREET	ADDRESS)	nt Center	12a UST	JAL OCCUPATION WORK FOR MOST OF WORKING Service	126 KIND (	of BUSINESS OR
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Abrahe Abrahe		incoln	Slay	man	15. MOTHER'S MAIDEN  BIRST  Darcus		WIDDIE	Dicke	
HE WAS DECEASED EVE	A CONTRACTOR OF THE PARTY OF TH	EWARDROWES:	16b SOCIAL SECU		17 INFORMANT	7	2104 Rev		ad
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27a I certify that (I (this hospital) saw the deceased alive on above, (I (see I did (did not) v	One party of decreased from 19 , o	nd that in (my) lour) opinio	an deoth accurred on the date	and haur and from th	, that (I) (we) la e couses stated

236 DATE

11-5-85

ATTENDING A MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

230 BURIAL, CREMATION, REMOVAL

TONER St. Paul's Cemetery Clear

TY OR TOWN

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Burial 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

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(VRA 15, 4)

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MPORTANT

Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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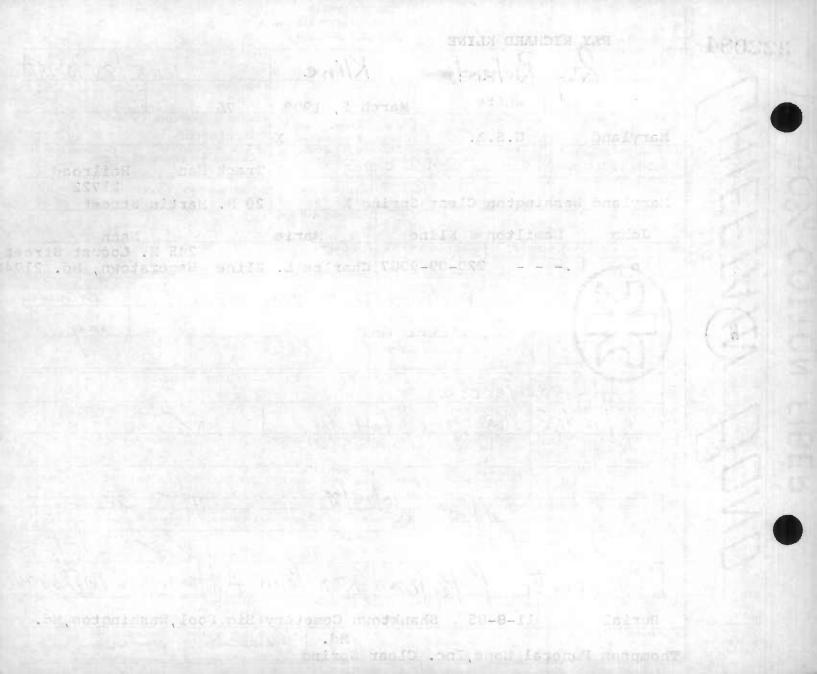
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	DEP		HEALTH AND MENTAL HYG	IENE REG. N	0		1	
1	DECEASED NAME FIRST Angela	Christin		ANGENSTEIN	November 2	MONTH DAY	YEAR	26 HOU	JR
	female	4.RACE white	S. DATE C		6 AGE (IN YEARS LAST BIR	MONT	COllege Rd.  LAST  MA.  BEATH  COllege Rd.  LAST  APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH?  NO CAUSES OF DEATH?		
New York		76 CITIZEN OF WHAT COUN	TRY? 8	D T NEVER MARRIED	9 BALTIMORE CITY O Washing		HTABC		AAD
1	CITY OR TOWN OF DEATH Hagerstown	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE Route 3, Bo.	JRSING HOME C		120. USUAL OCCUPATION 126. KIND OF BUSINE (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
2		ROTHER INSTITUTION GIVE RESIDENCE VIY nington Hager	TOWN	13d INSIDE CITY LIMITS? YES NO 🔼	13e STREET ADDRESS Route 3,	Box 168	Coll	ege	Rd.
1	Stanley A. Kriticopolou Is MOTHER'S MAIDEN NAME Antoinette								
	WAS DECEASED EVER IN U.S. AR  (YES NO OR UNKNOWN) (HE YES, GIV	AE WAR OR DATES	6-2376	Gerald Lange	ADDRE		MJ		
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	PART 2 OTHER SIGNIFICANT (  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING			200 AUTOPSY?	RE FINDIN	GS USEI	TH?	
1	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IFETHER NOTHY MEDICAL EXAMINER 216. INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR		YES T	OR PART 2)		
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	Frederic H.	Kass , MD		1825 Howel	ll Rd Hager	stown, M	D. 2	1740	0
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) burial	Nov.30,1985		ill Cemetery					ind
	24 FUNERAL DIRECTO MINNICH 415 E. Wilson Bly	ADDR	n, Maryl		REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATU	RE	

DHMH - 16 50M 1/B1 (VRA 15, 4)

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where he was the Constitution .O. the contract of the bound of the contract of t 1825 Movell M., P. + : Storm, M. 21760 -TATALOG CONTRACTOR CANADA CONTRACTOR CONTRAC .JE deodie . O. mayawasoro, Femme.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CEKITE	ICATE OF	DEATH	R	EG. NO.				
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10 C	ITY OR TOWN OF	DEATH 1		HOSPITAL, NU	JRSING HOME C	OR OTHER INS	TITUTION	120 USUAL OCC				OF BUSINESS OR	
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N	laryland		ington	Hager	stown	YES 🔼	NO 🗌	330 Vis	sta St	ree	et 21/40		
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	OR CONTRIBUTING				DAY YEAR	216 HOW III	DOKT OCCORR	KED (ENTER NATURE	OF INJURY IN IT	EM 18 P	PART I OR PART 2)		
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9	22a.1 certify that						, 19 7	O, to NOVE	SMBER	24	19 35	tha (1) (we) lost	
	saw the deci	eased alive on e) (did) (did no)	view the body	ofter death	19 85 , or	nd that in (my)	(our) opinion o	death occurred on	the date or	nd hou	ir and from the	couses stated	
	22b. SIGNATURE		//			DEGREE					22c. DATE	SIGNED	
	Burn	Mel	1_		M	D'	ATTENDING PHYSICIAN	DIRECTOR P	STAFF PHYSICIAN [		111-2	25-95	
	22d. PHYSICIAN	NAME (THE OR	PERCH	-		22e ADDRES	5 339	E. ANT	IETH	M	57		
	BARRY	M. CO	HEN			1	ASTO		47 7	, -	2110		
23a i	BURIAL, CREMATIC	ON, REMOVAL	23b. DATE		23c. NAME OF C			1234 LOCATIO	N		70		
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should be detached for use as the burial-transit pe with the State Dept. af Health and Mental Hygiene

TO FUNERAL DIRECTOR: After this

MPORTANT: If Item 21 is morked or In

Nov. 27,1985 Rose Hill Cemetery
MINNICH FUNERAL HOME 250.D East Wilson Blvd., Hagerstown, Maryland 21740

WHAT SHATE WAS ALLOW SHATE FROM PARENTER GEORGE PRESENT WHEN THE PROPERTY OF THE PARTY TO SHAPE The Manufactor of The State In St. J. 35 THE RESTRICTION IS NOT NEWSCHOOL SE STEELS THE STATE OF THE PARTY STATE OF THE PARTY OF THE PARTY

STATE OF MARYLAND

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11-6-85

burial Nov. 8, 1985 Rest Haven Cemetery Hagerstown, Wash., Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 50M 1/B1 (VRA 15, 4)

FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a DATE OF DEATH DECEASED NAME 2b HOUR TYPE OR PRINTS Estelle November 23,1985 Frances MAIN 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX March 5, 1905 White Female BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Washington Co. U.S.A. Md. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Homewood Retirement Center Williamsport own home housewife GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13d. INSIDE CITY LIMITS? 7 Linden Bivd. Middletown 21769 Md. 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FLOOK VINCENT SMITH ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Middletown, Md. 21769 No Janet Young 218-01-3957 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse popular) PART I. DEATH WAS CAUSED BY: HECIOLA ENERADVAS CUCHA IMMEDIATE CAUSE (0) ENERADUAS CUCIN Conditions, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. ATHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION SOASE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ 21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC.J NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from , and that in (m) (our) opinion death accurred on the date and hour and from the causes stated e body ofter death 22c. DATE SIGNED ATTENDING. DIRECTOR PHYSICIAN 22e ADDRESS TENER

DHMH - 16 60M 7/B4 (VRA 15, 4)

ld b

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Nov. 26.1985 Lutheran Cemetery Middletown Fred. Md. State

Thompson Funeral Home Middletown, Md.

250. DATEREC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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TRANS E NE L'EVE PAR COM BENEFIT ELIGIETO FOR LONG. No.

Thompson Funeral none Millistonn, Me. 187 2 165

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 322039 REGISTRAR 1. DECEASED NAME O DATE KNOWN (TYPE OR PRINT) INERAL DIRECTOR. OR YOUR FILES. WITHIN 72 HOURS PRESTON STREET, HERBERT LEWIS MANSPEAKER DEATH MATED X NOV. 4 RACE 3 SEX DATE OF BIRTH 6 AGE (IN YEARS IF LINDER 1 YR IE UNDER 24 HRS DATE 58 YRS PRONOUNCED 10 85 male white March 13, 1927 DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A WASHINGTON DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Plumber OR INDUSTRY Washington County Hospital Hagerstown Plumbing USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Wash. 21783 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Blanche Runkles Marshall Manspeaker 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 216-22-7540 Smithsburg. Md. Mrs. June E. Manspeaker ves 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY #427 - CARDIAG ARREST IMMED. IMMEDIATE CAUSE (g). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which - ARTERIOSCLEROTIC HEART DISEASE 5 YEARS gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ED AS A E CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? THE CHIEF / MEDICAL EXAMINER: THIS CERTIFICATE SHO ECUTE THE CERTIFICATE, WRITING THE WORD GE 4 SHOULD BE FORWARDED TO THE CHIE PUNEAL DIRECTOR, PAGE 3 SHOULD BE US TIRP DEPARTMENT OF THE STATE DEPARTMENT OF UNIVERSENT OF SHORT OF UNIVERSENT OF SHORT OF UNIVERSENT OF SHORT OF YES 🗍 NO X 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autapsy and in my apinian Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE NOV. 6,1985 SIGNATURE WEST WASHINGTON STREET EXAMINER'S NAME EDWARD W. DITTO, III, M.D. HAGERSTOWN, MARYLAND 21740 SA O A SE 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATOR 23d LOCATION STATE Nov. 9. 1985 Smithsburg Cemetery Smithsburg, Wash, Md. 07/84 BA DATE RESULTED BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

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Thurmont, Md. 21788

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P.A.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212G

### FOR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.				
Ì	1. DECEASED NAME FO	RST A	MIDDLE	l	AST	20 DATE OF DEATH MON	TH DAY	YEAR	26 HOUF	R
ı	LO	RENE	Н	1	1ASSIE	\$4	29	1985	1:10	AM
Ī	3 SEX	4. RACE		5. DATE C		6. AGE I IN YEARS LAST BIRTHDAY	) IF UN	DER I YEAR	HOURS 2	24 HRS
ı	female	whi	.te	July	24, 1911 YEAR	74	YRS	DAIS	HOURS	MIN.
Ì	TO BIRTHPLACE (STATE OR FORE	GN 76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	BALTIMORE CITY OR CO		DEATH		
1	Alabama	A.	WIDOWE		Washingt	on			MD.	
1	10 CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATION	1:	26 KIND O	F BUSINE	
1	Hagerstown	HEACILITY, GIVE STREET AD	ty Ho	ospital	TYPE OF WORK FOR MOST OF WOR		NDUSTRY Cestau	ırant		
1	USUAL RESIDENCE IN NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE A	DMISSION)		La CERCET ADDRESS ( 7:0	0005	21	740	
ł		ashington	Hagersto		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	imore	Stre	eet	
1	14 FATHER'S NAME				15. MOTHER'S MAIDEN NAM					
1	James	W.	Hargrove		Ada	M. MIDDLE	V	anho	zier	-
t	160 WAS DECEASED EVER IN	J.S. ARMED FORCES?	166 SOCIAL SECUR		17 INFORMANT	ADDRESS				
ı	IYES, NO OR UNKNOWN) (II	FYES GIVE WAR OR DATES)	410-07-9	572	Mrs. Anna R.	Poole, Hagers	stown.	Mar	vland	1
١	18 CAUSE OF DEATH (E	nter only one cours per	line for (a) (b) and	ici i d	2		1		MATE INTERV	
ı	PART I. DEATH WAS	CAUSED BY.	mic (0) (0), (0 , 0)		una (an	anoua un	4	BEIWIEN	DIAZET AND I	DEATH
I	IM/	MEDIATE CAUSE (0)			040					
1	Conditions, if any, wh	1.1	r as a consequen	NCE OF	14/20/ 1	nut artises	330			
I	gove rise to immedicouse (a), stating	iote	The second			000000		*		
Ì		ost. DUE TO, OI	R AS A CONSEQUEN	CE OF	, whether full	nuluman	der	018		
I	PART 2. OTHER SIGNIFIC	CANT CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN II	N PART 10	0.	-
١	NO NO	us								
1	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLY	196 CONDI	TION FOR WHICH C	PERATIO	N WAS PERFORMED		IF YES, WE			
1	THE					YES NO	CERTIFYING YES		NO [	
4	210. ACCIDENT WAS UNDERLY	110110		/ VEAD	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN I	EM 18 PART 1	OR PART 2)		
7	OR CONTRIBUTING CAUS	E OF DEATH	M. MONTH DAY	YEAR 19						
ı	(IF EITHER, NOTHY MEDICALE 21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	CITY OR TOWN	-	Tuesos	c i	TATE
ı	WHILE NOT WHILE	☐ [AT HOME, STR	PEET, FACTORY OFFICE, FAR	RM, ETC )	STREET	CITORIOWN		-/	31	ATE
220.1 certify that (I) (this hospital) attended the deceased from									that (1) (w	ve) lost
sow the deceased alive an										ted/
ľ	22b SIGNATURE	. //	prier deam.		DEGREE			22c. DATE	SIGNED	/
1	1) ~ Dow	made.	nonli	to	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		11	2918	)
1	22d PHYSICIAN'S NAME	[TYPE OR PRINT]	1000		27e ADDRESS	ENTRE NA			10	
	TRANCIS	1AM	VILAVE							
1	230 BURIAL CREMATION, REA	AOVAL 236. DATE	23c N/	AME OF C	EMETERY OR CREMATORY	23d LOCATION				
1	[SPECIFY]	h ^	1000	***	11 0	CITY OR TOWN	100	UNTY	- 51	AIE

DHMH - 16 60M 7/84 (VRA 15, 4)

415 E. Wilson Blvd., Hagerstown, Maryland 21740

burial

Dec. 2,1985

23c NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

23d LOCATION
CITY OR TOWN
Hagerstown, Washington, MD.

SHAFLE 

STATE OF MARYLAND

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	1-	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYGI	REG. NO.					
ł	I. DEC	CEASED NAME FIRST	WIDDLE		LAST			DAY YEAR	26 HOUR		
1	HYPE	DONALD		N	CORMICK		Nov	2,1985	11 P M		
ı	3. SEX		4 RACE	S. DATE O		& AGE (IN YEARS LAST BIRTH		MONTHS DAYS	IF UNDER 24 HRS		
j		MALE	WhiTE	Ju		68	YRS.		HOURS MIN.		
1		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY	OFDEATH			
١	400 000	arvland	U.S.A.	WIDOWI	han.	Washin	gton		MD.		
7	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET		Potomac	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF			F BUSINESS OR		
4		gerstown			t. Towers	Security (	Offi	c. Hos	bitaly		
>	13a. S	TATE 136 COUN		/N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	21	140		
1		arvlanf   Wash THER'S NAME	nington Hager	stown	15 MOTHER'S MAIDEN NAM	AE IV . DKZ	L ULLIII	04355			
1	100	FIRST	MIDDLE LAST		FIRST	MIDDLE		T To			
4	-	eter Jame		nick	Cecelia.	Nora		Lynch	3		
	( Y	ES, NO OR UNKNOWN) (IF YES GIVE	E WAR OR DATES)				243	g. Md. Meale	v PKWY		
1		No	1218-30		1 Cecelia A.	Dietrich	24)				
		PART I. DEATH WAS CAUSED		m	1:00	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		IMMEDIAT	E CAUSE (a) Crause	you	corocae conque	CHON		Jam	warne.		
ı		Canditians, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF	- Ne - 10			les.	leans		
		gave rise to immediate cause (a), stating the	DUE TO, OR AS/A CONSEQU	Curre	ie want hy	is and		1 /			
		underlying cause last.	Cardio - Não	calardisesse kus							
		PART 2 OTHER SIGNIFICANT C	HTION GIV	GIVEN IN MRT 110							
	ō										
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FIND IN CERTIFYING CAUSE			S, WERE FINDIN	IGS USED OF DEATH?			
	RTIF					YES NOW YES NO					
-		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	LIGUE A LA LACATTIL D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	Y IN ITEM 1B P	PART 1 OR PART 2)			
7	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)		19							
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, I	FARM ETC )	216 LOCATION STREET	CITY OR TOW	VN	COUNTY	STATE		
1		AT WORK AT WORK		1							
ı		22a. I certify that (1) (this hospit saw the deceased alive an	rational aftended the deceased from	d	nd that in (my) ( <del>our)</del> apınian d	, to	2		that (1) (we) last		
1		abave, (1) (we) (did) (did nat	the bady after death.			eath accurred an the dat	le and hav				
		22b. SIGNATURE	Mu-	· Y	DEGREE ATTENDING.	MEDICAL STAFF	F	22c DATE :	SIGNED		
		22d. PHY MIN'S NAME (TYPE OF	11 WYan	//	22e ADDRESS	DIRECTOR PHYSICI	AN	1119	100		
		JOHN A	MORAN MT	)	215 W. Washi	noten St A	tagin	Town.	ml		
1	23a. B	URIAL, CREMATION, REMOVAL	23b DATE 23c.	NAME OF C	EMETERY OR CREMATORY	123d LOCATION	1	/	1100		
	-1:	Burial	11-5-85 St		nns Cath. Ce	m Hydes	Bal	t.	Md. STATE		
	24 FU	INERAL DIRECTOR	305 N. Po	tomad	St. 250. DATE	REC'D. BY REGISTRAR 2	56 REGIST	RAR'S SIGNATI	JRE		
	Ge		ich Hagerstow	n, Ma	aryland NOV	1.2 1005	w				

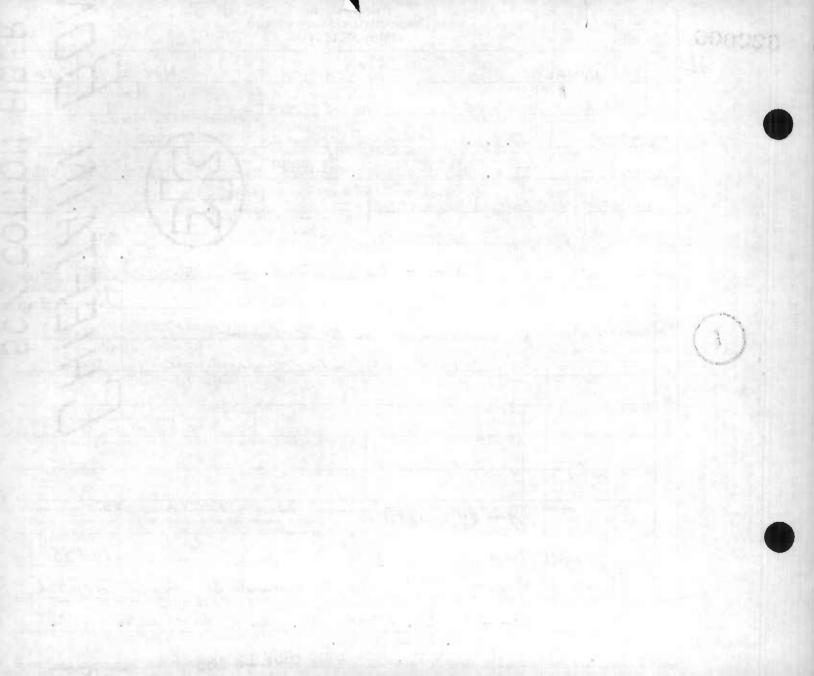
DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.

marked ar Item 18 shy

IMPORTANT: If Item 21 is



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 322028 REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME MONTH YEAR 2b. HOUR (TYPE OR PRINT) 85 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DATE OF BIRTH MONTH YEAR DAYS HOURS Male White Nov.12 O. BIRTHPLACE STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Penna. Washington Co.. WIDOWED DIVORCED K CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION KIND OF BUSINESS OR THE THE THE LIFE HE WARKING LIFE ) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Hagerstown Washington Co. Hosp. Mach UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) I STATE COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Pa. Franklin 2241 Sylvan Mercersburg FATHER'S NAME 15. MOTHER'S MAIDEN NAME McCulloh Walter Rachel McKee Irene WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 12219 Sylvan Dr. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 171-28-5841 John J. McCulloh Mercersburg. Pa. No 18 CAUSE OF DEATH (Enter only one cause per ling to (a), (b), and (c) PART I. DEATH WAS CAUSED BY: MOMESAD IMMEDIATE CAUSE (a) 40.0 DUE TO, OR AS A CONSEQUENCE OF metestries Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [ NOX 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M. 71d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK 22a. I certify that (1) (this hospital) attended the deceased from 85 sow the deceased alive on. , and that in (my) (aur) apinion death occurred on the date and hour and fram the causes stated bave, (I) (we) (did) (did not) view the bady after death. 21 GNATURE DEGREE 22c. DATE SIGNED ATTENDING / MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 278 ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT) 111 Methodist Com. of 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION arren STATE 11/8/85 Burial Franklin I'WD. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 ADDRESS (VE A 15-(4)) Mercersburg. Pa.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2126

### FOR - STATE

## STATE OF MARYLAND

ı	101	HEALIH	AND MENTAL HTGIENE	
	RTI	FICATE	OF DEATH	

CERTIFICATE OF DEATH	REG. NO.				
METZ	20. DATE OF DEATH MO	NIH	15	85	2b. HOUR
S DATE OF BIRTH	A AGE LIN YEARS LAST BIRTHDA	AY)	IF UNI	DER I YEAR	IF UNDER 24 MRS

	PEGISTRAR				CEKTIF	ICAIE OF DEATH	REG. N	0.				
	CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY	YE AR	2b. HOU	R
ITTP	E OR PRINT)	207	Le	ee	ME	72		11	15	85		Am
2.58	×		4 RACE		5 DATE		6. AGE (IN YEARS LAST BI	(YADAY)		ERIYEAR	IF UNDER	
1	male	Medi	wl	hite	Sept	ember 9,1901		84 YRS.	MONTHS	DAYS	HOURS	MIN.
	IRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	9. BALTIMORE CITY	R COUNT	Y OF DE	ATH		
	aryland		U.5	S.A.	WIDOW		Wash	ingto	n			MD.
10 C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPAT			KIND O	F BUSINE	
H	agerstown			ngton Cour		ospital	barber	JF WORKING (			emplo	oyed
U5U	AL RESIDENCE (# NUR	SING HOME OR	OTHER INSTITUTION		ADMISSION)	113d. INSIDE CITY LIMITS?	113e STREET ADDRESS	/ 71P COL	)E		017	10
	aryland		ington	Hagersto		YES NOX	24 East L			zenu (	e <sup>2174</sup>	+0
ME	ATHER'S NAME					15 MOTHER'S MAIDEN NA						
V	Victor		Milton	Metz		Ada	MIDDLE		N	4111e		
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS				- 6
	no	(IF YES, GIV	(E WAR OR DATES)	218-30-9	208A	Mrs. Olive M	letz, Hagers	town,	Mar	ylan	nd	
	18 CAUSE OF DEAT	H Enter on	nly one cause per	r line for (g), (b), and	d (c).)						MATE INTER	VAL
	PART I. DEATH V		D BY: TE CAUSE (a)	(ANDI	URF	SPINATORY	ARREST					
				RAS CONSEQUE	NCE OF			745			18	
		tions, if ony, which ( 16) LENERS KNY ASCULATE AZCC (DENE ) LT WOM										
		gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF										
	underlying cause last.											
_	PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION G	IVEN IN	PART 1cc	a	
o N	HY	perte	Mston							111		
CERTIFICATION	190 DATE OF OPERA	MON	196 COND	ITION FOR WHICH	OPERATIO						OF DEAT	
T.							YES NO	Y	rES 🗌		NO [	
	OR CONTRIBUTING		110110 4	OF INJURY .M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	IRY IN ITEM 18	PART 1 OR	PART 2}		
CAL	(IF EITHER NOTIFY MED			.м.	19	TOUR ON TO		11000				
MEDICAL	21d. INJURY OCCUR			OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC )	211 LOCATION STREET	CITY OR TO	OWN	CO	YINU	S	TATE
1	AT WORK NOT W	OKK DIKE				1/						2.40
U S	220 I certify that A	1.	1.1		5	4 hy 19 70	, ta	15	, 19.	<u></u>	the (1) (v	
	obove (I) we)	d clive on	iew the bady		, ,		death accurred an the d	ate and ho				ited
	22b. SIGNATURE	1	5/	Da.		DEGREE ATTENDING	MEDICAL STA	FF	22	C. DATE	SIGNED	SI
	FAN	1)0	wh	7.		PHYSICIAN (	DIRECTOR PHYSI			11-	16	27
	22d PHYSICIAN'S N	The same	******			22e ADDRESS						
-	BUIDIAL CREMATION			1.0								

TO FUNERAL DIRECTOR. After this certificate has been MPORTANT: If Hem 2

DHMH - 16 60M 7/B4 (VRA 15, 4)

(SPECIFY)

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

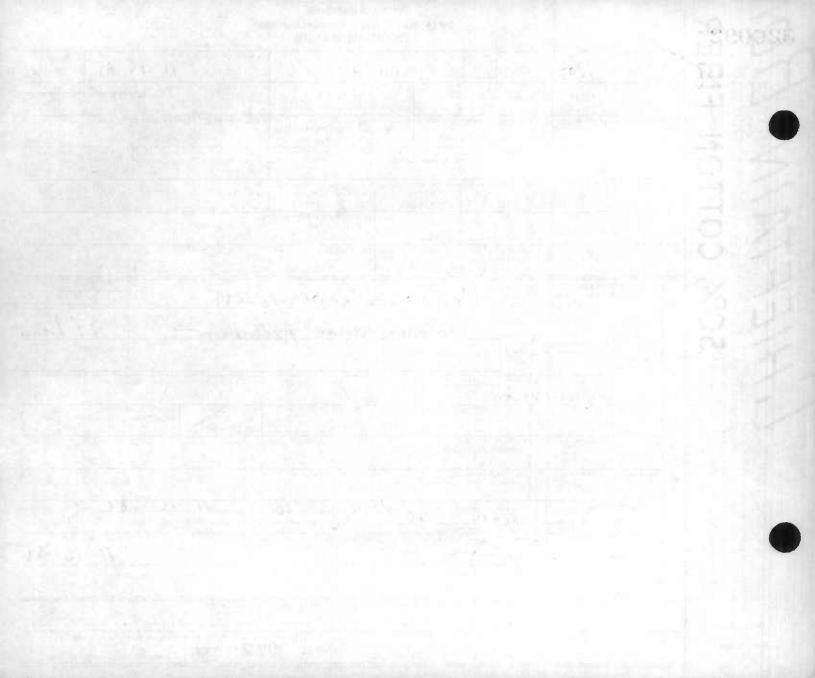
Nov. 18, 1985

Rest Haven Cemetery

Hagerstown, Wash., Maryland

FUNERAL DIRECTOR MINNICH FUNERAL HOME

415 East Wilson Blvd., Hagerstown, Maryland 21740 NOV 20 1985

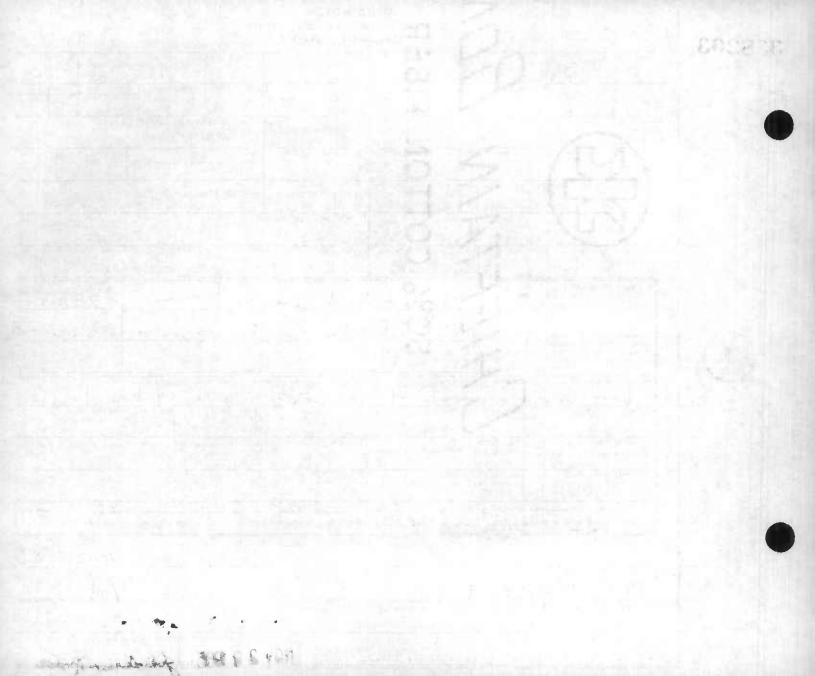


FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH

415 E. Wilson Blvd., Hagerstown, Md. 21740

REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH 7h HOUR Naoma TYPE OF PRINTS 1. 5EX 4 RACE S DATE OF BIRTH AGE IN YEARS LAST BIRTHDAY MONTH Sept. 17, 1903 82 TO BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED X NEVER MARRIED Washington USA Maryland WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! HOUSEWITE INDUSTRY Washington County Hospital Hagerstown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 13c CITY OR TOWN 21740 Washington 1144 Luther Dr. Maryland Hagerstown YES X 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Daniel Sensenbaugh Dessie Shrader ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT HE YES GIVE WAR OR DATEST 216-22-8181 Mr. Carson P. Metz, Hagerstown, Md. No 8 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ 210. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH-DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 216 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STREET CITY OF TOWN AT HOME STREET, FACTORY OFFICE FARM ETC 1 NOT WHILE 27a.1 certify that (1) (this hoserfal) attended the deceased fram saw the deceased alive an\_ and that in (my) (aur) apinion deoth accurred an the date and hour and from the causes stated 77h SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN [ 774 PHYSICIAN'S NAME LIYPE OR PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVA 23c. NAME OF CEMETERY OR CREMATORY Nov. 27, 1985 Manor Church Cemetery Tilghmanton, Wash., Maryland burial MINNICH FUNERAL HOME

DHMH - 16 60M 7/84 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 336077 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 2g. DATE OF DEATH MONTH 7b. HOUR (TYPE OR PRINT) November 22. Miller Charles Leonard 1985 4. RACE 6. AGE (IN YEARS LAST BIRTHOAY) 3. SEX 5 DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS Male 1916 White April TO. BIRTHPLACE ISTATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. Washington County WIDOWED DIVORCED TA 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR City of Hager (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) East Washington Street Hagerstown Laborer USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 7 East Washington Street Washington Marvland Hagerstown 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE LAST MIDDLE Ruben Miller Lee Nellie Hebb 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Box 124 No 214-09-1482 Gerrardstown W. Va Charl APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (a), stoting the RT FAILURE underlying cause last. 20a AUTOPSY 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21a. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC ) NOT WHILE 22a.1 certify that (I) (this hospital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the couses stated saw the deceased glive an. above (1) (we) later (did not) view the body after death DEGREE 77r. DATE SIGNED ATTENDING MEDICAL STAFF should be deto DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: ADDRES 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY) Buria 11-25-85 Cemeterv 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 A.K. Coffman Funeral Home, Inc. Hagerstown, 110 2/ (VRA 15, 4)

STATE OF MARYLAND

Plate Language of Language Vinue Deligation of the Late of the County of the County TOTAL TO YELL TO YOURS DOORS DOORS NOT WILLIAM SANT TO THE TOTAL SANT TO THE TRANSPORT AND THE PARTY OF T motion in the course of the co 

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 338190 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 26 DATE OF DEATH L DECEASED NAME 26 HOUR (TYPE OR PRINT) 6:45A Edward Miller, Jr. November 25, 1985 Ross 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) Male White August 24, 1985. 61 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED "Mary land USA Washington 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OF Steamfitter INDUSTRY Box# 171 (Western Pike) Hagerstown Construction 113d. INSIDE CITY LIMITS? Rt.2 Box#171 21740 Hagerstown Mary land Washington 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST He len Miller, Sr. Edward Ross Irene 16h SOCIAL SECURITY NO ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 220-16-2264 Katherine Miller (item 13 above) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic: IMMEDIATE CAUSE (0) Metastaboe Care ? Mouse DUE TO, OR AS A CONSEQUENCE OF buc i usus Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER GIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Meuro 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206, IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON NO [ 210 ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 216 HOW MURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CADSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL PRAMINER) 21e. PLACE OF INJURY TH LOCATION 21d. INJURY OCCURRED COUNTY STATE CITY OR FOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE Nov. saw the deceased alive on 11-20-85 obove, (I) (\*\*\*) (and) (did not) view the body after death. , and that in (my) (Xr) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED 226. SIGNATURE M.D. ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN 11-25-85 Should be det with the Stote MPORTANT 22e ADDRESS 28 W. Potomac St. 22d PHYSICIAN'S NAME (TYPE OR PRINT) Max E. Byrkit, M.D. Williamsport, Maryland 21795 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Burial Nov.27,1985 Cedar Lawn Mem.Park Hagerstown Washington Maryland

DHMH - 16 50M 4/B3 (VRA 15, 4) 24 FUNERAL DIRECTOR

MAjor M.Osborne Williamsport, MD 21795

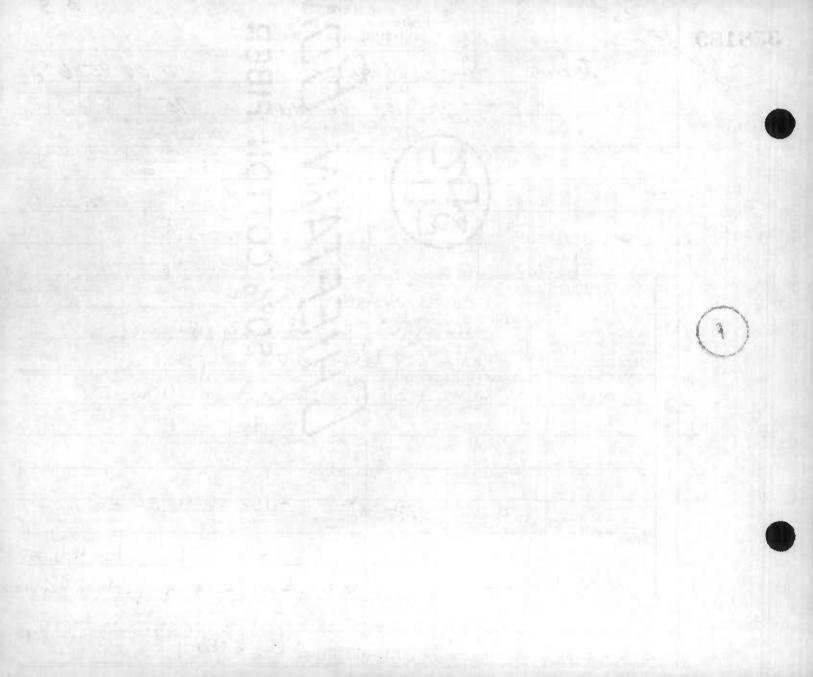
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

BEC 2 1995

GELETE MARKET SERVICE STATES OF THE SERVICE S A CONTRACT OF THE PROPERTY OF

415 E. Wilson Blvd., Hagerstown, Md. 21740

(VRA 15, 4)



21713

John H. Bast, Jr.

(VRA 15, 4)

nobaninan Sagaratorn, Mt. U. S. d. reduct tenicou . The name Hayland satisfied Boonspore 708 S. Min St. 21715 Paggalou 31.00 10 108 T. Kata Mt. The second secon 11-10-35 SOCIES LE EEL SOOIGOOFG, EST. ., E. Burtal woll a. Fr. d. scenspero, M. 1115

FOR - STATE REGISTRAR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.				
20. DATE OF DEATH	MONTH	DAY	YEAR	2b.
	4 4 14	0/0	-	

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

- 465		EASED NAME	FIRST		MIDDLE	L.	AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
1	TYPE	OR PR (NT)	illy	1	Mav	MC	HLER	11/1	0/85	9:50pm
	3. SEX			4 RACE	lay	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEA	
1	fe	emale		white	199		1 29°, 189°6°	89 <sub>YR</sub>		5 HOURS MIN.
	C	RTHPLACE (STATE OR F		76 CITIZEN OF		MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	NTY OF DEATH	
1	_	est Virgin			USA	WIDOWE		Washington		MD.
7	На	ty or town of DEA agerstown		Ravenwo	ood Lui	theran V	illage	(TYPE OF WORK FOR MOST OF WORKIN housewife		OF BUSINESS OR Y
1	13a S Ma	ryland	13b COUN	1TY	13c CITY OR		13d. INSIDE CITY LIMITS?	312 N. Main S	ode it. 21	767
1	14 FA	THER'S NAME George		D.	Aik	ens	Sarah		McCormi	ck
	16a V	AS DECEASED EVER			166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS		
	( Y	NO OR UNKNOWN)	(IF YES GIV	E WAR OR DATES)			Lois Ewan, M	augansville, Md	1.	
		18 CAUSE OF DEATH	H (Enter an	ly one couse per	line far (o), (	b), and (c)			APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
1				E CAUSE (o)						
		THE FIRM		DUE TO, O	R AS A CONS	SEQUENCE OF				0.
		Canditians, if any,		(lb)			tails UTI		2012	16 days
		cause (a), stating		DUE TO, O	R AS A CONS	SEQUENCE OF	ASCUD		Yr.	
	N	PART 2 OTHER SIGN	VIFICANT C	0	-	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART	lia
	ATIC	190. DATE OF OPERAT	TION	19b. COND		HICH OPERATIO	N WAS PERFORMED		YES, WERE FIND	
X	CERTIFICATION				SJ			YES NO NO	RTIFYING CAUSE YES [	NO 🗌
1	AL CEI	210. ACCIDENT WAS UND	AUSE OF DEA	(14)	M. MONTH	H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDIC			M. OF INJURY	19	21f. LOCATION		100	
	ME	WHILE NOT WH	ILE 🗀			OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (1)			e deceased f	rom	. 19_23		1985	, that (I) (we) last
		sow the decease abave, (I) (we) (d	ed alive on	t) view the body	ofter death.	19 2 , 01	nd that in (my) (aur) apinian o	death accurred on the date and	haur and from th	ne causes stated
	122	22b. SIGNATURE					DEGREE		22c. DAT	TE SIGNED
		M		will	u		ATTENDING PHYSICIAN	MEDICAL STAFF  DIRECTOR PHYSICIAN	11-01	-85
		224 PHYSICIAN	WE O	R PRINT)			22e ADDRESS	1	0	
		W21	730	MAZ	G		1933 Va.	AURG HAPONG	1 our	950
	23a B	URIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	236 LOCATION CITY OR TOWN	COUNTY	STATE
	bi	specify)		Nov.13	,1985	Rest Ha	ven Cemetery	Hagerstown, W	lash., M	aryland

MINNICH FUNERAL HOME

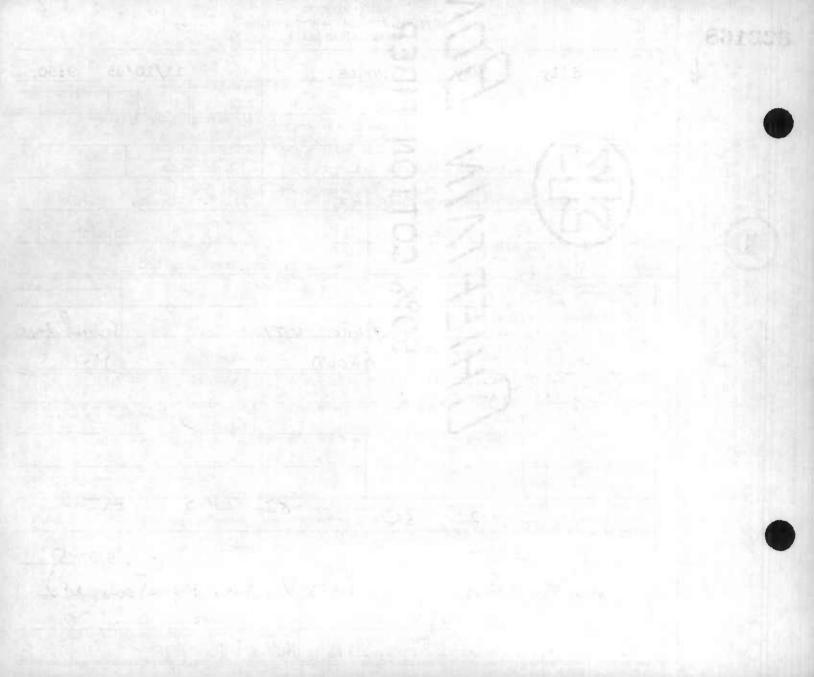
Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 60M 7/B4

MPORTANT: If Item 21 is

24 FUNERAL DIRECTOR

(VRA 15, 4)



FOR

STATE

#### STATE OF MARYLAND

DEPA

CERTIFICATE OF DEATH	GIENE REG. 1	10		
LAST	20 DATE OF DEATH		DAY	YI
LASI	20 DATE OF DEATH	MUNIA	DAT	11

	REGISTRAR						REG. N	10.		
1	I. DECEASED NAME	FIRST	٨	AIDDLE	L.	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(TYPE OR PRINT)	Eleano	r	Ruth	Mu	ise	November	9, 1	1985	12:00 am
	3 SEX	4.	RACE		5 DATE C		6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	
1	Female		Whit	te	Marc		64	YRS.	MONTHS DAYS	HOURS MIN.
0	7a. BIRTHPLACE (STA		CITIZENOF	WHAT COUNTRY?	8	C NEVER WARREN	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
5	Massachu	setts	U.S.	. A.	WIDOWE	D NEVER MARRIED DIVORCED	Washing	ton (	County	MD.
3	10. CITY OR TOWN O	F DEATH 11				OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
	Hagerst	own	Washi	ngton Co	unty	Hospital	Bookkeep			ired
-	USUAL RESIDENCE (1	136 COUNTY		13t. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP COD	DE 2	1734
2	Marylan	d Washi	naton	Funkst	own	YES NO	40 Frede	rick	Road	1/34
2	14 FATHER'S NAME		ODLE	-		15 MOTHER'S MAIDEN NA		1000		3 12 3
6	Ralph	E.		Edmun	ds	Isabel	le Ma	rie	Toc	hterman
1	160 WAS DECEASED			166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDF	ESS	Box 72	43 - AP
	(YES, NO OR UNKNOW	(# YES, GIVE W		018-14-	7924	Gilbert P.	2.7	ew.Y		1012
		OF A THE STATE OF THE		line for (o), (b), one		CIIDEIC I.	marbe K	ew x	APPROX	XIMATE INTERVAL
	PART I. DEA	TH WAS CAUSED I	BY:		. /	2012 -1	arrest		BETWEEN	ONSET AND DEATH
		IMMEDIATE	CAUSE (o)	-arcero	pain	nonary c	111(3)	_		
H			DUE TO, OF	AS A CONSEQUE	_	1: 12	-trans	0		
١	Conditions, if		(b) C	rastro i	nte.	sting he	montpg.			
ı	couse (0),		DUE TO, OF	AS CONSEQUE	NCE OF	1:00 0:	-1105- 1-	1		
1	underlying	10026 1021	(0)	therosc	lero	tic cardi	009324191	- alls	RASE	
4		SIGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	UDITION G	IVEN IN PART 1	0
	0 Er	nphys.	ema.							
ļ.	N 190. DATE OF O	PERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDI	
	CERTIFICATION OF THE CATION OF						YES NO	1	'ES [	NO [
à	21a. ACCIDENT W		216 TIME O		V VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18	PART 1 OR PART 2)	
	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.	M. MONTH DA M	Y YEAR					
	OR CONTRIBUTIONS (IF EITHER NOTIF		21e. PLACE O		17	211 LOCATION				
	WHILE C	OT WHILE	(AT HOME STR	EET, FACTORY, OFFICE, F	ARM ETC )	STREET	CITY OR T	OWN	COUNTY	STATE

CITY OR TOWN

COUNTY

ropinion death accurred on the date and hour and from the causes stated 22c. DATE

220.1 certify that (I) (this haspital) attended the deceased from

24 FUNERAL DIRECTOR

C.

Newman

85

22 ADDRESS

PHYSICIAN

MEDICAL

Howell Road, Hagerstown, Md.

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/B4 (VRA 15, 4)

FUNERAL DIRECTOR:

ould be detoched for th the Stote Dept. of I

MPORTANT: If hem 21 is

George 23b. DATE 230 BURIAL, CREMATION, REMOVAL Cremation

NOT WHILE

11-10-85

23c NAME OF CEMETERY OR CREMATORY Smithsburg Crematori

DEGREE

um Smithsburg, Wash., Md.

STAFF

250. DATE REC'D, BY REGISTRAR THE REGISTRAR'S SIGNATURE Coffman Funeral Home, Inc. Hagerstown

The continue of the second of

Certrica C., Signer III - 112 - 1178 Noment Dock, Logitaborg, Nd. (d. 1864) - 1864, Logitaborg, Nd. (d. 1864) - 1864, Logitaborg, Nach., Nd. (d. 1864) - 1864, Nach., Nach., Nd. (d. 1864) - 1864, Nach., Nac

TO FUNERAL DIRECTOR: After this certificate has been signed by the officer should be detached for use as the burial-transit permit. Then please remove the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If them 21 is marked or them 18 shows any injury, or other trauming.

FOR - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTICICATE OF BEATH

	R	FC	N	c

2

1		REGISTRAR				CERTII	ICATE OF DEATH	REG. N	10.		
1		EASED NAME FI	RST A	cthur	Mart:	in '	ASI NEWCOMER	20 DATE OF DEATH	MONTH DA	YEAR	26. HOUR
١	{IYPE	ORPRINT) DFL	111	P	n. No	1100	MER	non	- 0.1	1985	646
1	3. SEX	77/1///	4	4 RACE	1. 10.00	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY)	FUNDER I YEAR	IF UNDER 24 HRS
1		Male		Whi-	te	T C	b. 4°, 1891°	94	YRS.	DNIHS DAYS	HOURS MIN.
V		CHPLACE (STATE OR FORE)	IGN		WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	OF DEATH	de un sum
4		ennsylvania		U.S		WIDOWE	DIVORCED [	Washir			MD.
	H	iy or town of DEATH lagerstown		Colto	h WITTE ATTENT	ursin	or other institution g Home	170 USUAL OCCUPATION OF WORLD		126 KIND OF INDUSTRY	k Co.
2	13a. S		COUN		GIVE RESIDENCE BEFORE		YES X NO	13e.STREET ADDRESS Rt 5	7 ZIP CODE 21740		
/	14. FA	THER'S NAME Walter	٨	B.	Newcome:	r	Alice	Mae		Mart	in
Н	16a W	AS DECEASED EVER IN U	J.S. ARA	MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDF	ESS		
				WAR OR DATES	214-09-1		Mrs. Mildred	d C. Patte:	rson H	agerst	own,Md.
ı		18. CAUSE OF DEATH (E	nter onl	y one couse per	line for (a), (b), and	101.1	0.1.	1	NUM	APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH
1				E CAUSE (a)	Car	ecia	c aver				
1				DUE TO, O	R AS A CONSEQUE	NCE OF	0 1100	1= 201	11		
1	1	Conditions, if ony, who gove rise to immedi		(b)_	Co	ma	teen Her	a pa	eve		
		couse (o), stoting	the ost.	DUE TO, O	R AS A CONSEQUE	NCE OF					
				(c)							
	Z	PART 2 OTHER SIGNIFIC	CANIC	ONDITIONS CO	DULKIRUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR COM	IDITION GIVEN	N IN PART Ita	
4	CERTIFICATION	190 DATE OF OPERATION	٧	1% COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
4	RT							YES NO	YES		NO 🗆
7		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	_	11b. TIME O HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	et tor Part 2)	
7	CAI	(IF EITHER, NOTHY MEDICAL E		P.	-	19					
	MEDICAL	21d INJURY OCCURRED		(AT HOME STE	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC )	211. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
		AT WORK NOT WHILE					Total Lil				
		22s I certify that (I) (thi			e deceosed from			to			hat (I) (we) lost
		sow the deceased a above, (I) (we) (did)	(did nat	) view the body	ofter deoth.		nd that in (my) (our) opinion d	leoth occurred on the o	lote and hour o		
		22b. SIGNATURE		2.06	001	an	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c DATE S	7-85
		224 PHYSICIAN'S NAME	-de	HINT)			77e ADDRESS 1610	OOK IT	ill A	18.	
		Abdut	NO	heed				erstown	me	21	740
		URIAL, CREMATION REA SPECHY) Burial	JAVOR	236. DATE NOV . 25	,1985 St		emetery or cremator Co. s-Lutheran Co		rsburg,	Wash, Mo	d. STATE
	24 FU	INERAL DIRECTOR	-	ennic	4	FIAT	250. DATE	REC'D. BY REGISTRAL	25b. REGISTRA	AR'S SIGNATU	JRE
		NAME Davis F	une:	ral Home	e Smit	hsbur	g,Md.				

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIP - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 337088 20. DATE KNOWN . DECEASED NAME CTYPE OR PRINTS ESTI-Nokes DEATH MATED NOV. Edgar Michael 12pm 20 0 85 S. DATE OF BIRTH 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE YEAR LAST BIRTHDAY) White Male DEAD November 20,85 July 19,1939 46 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Delaware U.S.A. DIVORCED X Washington County WIDOWED [ DICITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 708 Summit Avenue Cabinet Maker Furniture Co Hagerstown 21740 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Washington NO 0 708 Summit Avenue Hagerstown 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Rebecca Angevine Edward Nokes Jr. Maude 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 1759 Garden Lane 220-34-0096 Pamela J. Ott Hagerstown Md. Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (E-955) Gunshot wound to head Sudden DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 198 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 1985 inflicted gunshot wound to head HOUR A.M. MONTH DAY YEAR UNDERLYING KOR CONTRIBUTING CAUSE OF DEATH 12 P.M. NOV. TIE PLACE OF INJURY (AT HOME. 211 LOCATION at home Summit Ave., Hag. Wash., Md. AT WORK AT WORK PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE STA
BALTAMORE, MARYLAND, 2 22e. I certify that I took charge of the remains described above, held an Autapsy Inspection X Inquiry X Hamicide Undetermined manner death resulted fram: TITLE (SPECIFY) 11/20/8 Deputy\_MEDICAL EXAMINER DATE EXAMINER'S NAME (TYPE OR PRINT) Howard N. Weeks, M.D., 580 Northern Ave., Hag. Md. 23e BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATOR Rest Haven Cemetery Hagerstown, Washington, Md. 11-22-85 Burial 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Hagerstown. Md. **DHMH - 17** A.K. Coffman Funeral Home, Inc. (VR A15 ME (5))

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Server Start Barrier Windship Vindship Tool 21-27-11

DX\_ Workship

C21-14-10-19 standing . with a secretarnyhis.

me a part, one trappe desired and he am

FOR

REGISTRAR DECEASED NAME

- STATE

(TYPE OR PRINT)

male

Virginia

Hagerstown

George

BIRTHPLACE ISTATE OR FOREIGN

CITY OR TOWN OF DEATH

3 SEX

130 STATE

Virginia

FATHER'S NAME

no

CERTIFICATION

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

WIDOWEDXX

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

CERTIFICATE OF DEATH

YYIS

DIVORCED

NO X

Mattie

15. MOTHER'S MAIDEN NAME

13d INSIDE CITY LIMITS?

	REG. N	10.				
	20. DATE OF DEATH	MONTH	DAY	YEAR	2h HOL	B.
		11	8	85	10-	P
1	6 AGE (IN YEARS LAST B	RTHDAY)	IF UND	ERIYEAR	IF UNDER	24 H
ı			MONTHS	DAYS	HOURS	M

July 15, 1905 YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED

> Washington 12a USUAL OCCUPATION 12h. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE

textile 13e.STREET ADDRESS / ZIP CODE

Route 1 MIDDLE

Deavers

17 INFORMANT Bradley Funeral Home, Luray Virginia

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

MING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBU

21b. TIME OF INJURY 710. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER PM

21e PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

Harless

Th CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Washington County Hospital

Rixevville

166 SOCIAL SECURITY NO

229-05-1296

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

Norris

white

U.S.A.

4 RACE

UL OUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

19n DATE OF OPERATION

21d. INJURY OCCURRED

230 BURIAL, CREMATION, REMOVAL

Removal

22b. SIGNATURE

(SPECIFY)

NOT WHILE

MIDDLE

W.

HEYES, GIVE WAR OR DATES!

IMMEDIATE CAUSE III

220.1 certify that (Trythis hospital) attended the deceased fram, sow the deceased glixe on abave (1) we) (did) (did no) view the body after death.

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 19

211 LOCATION

COUNTY

STATE

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

and that in (ma) (aur) apinion death accurred on the date and have and from the couses stated DEGREE 22c. DATE SIGNED

NOF

CITY OR TOWN

200 AUTOPSY?

PHYSICIAN DIRECTOR PHYSICIAN

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

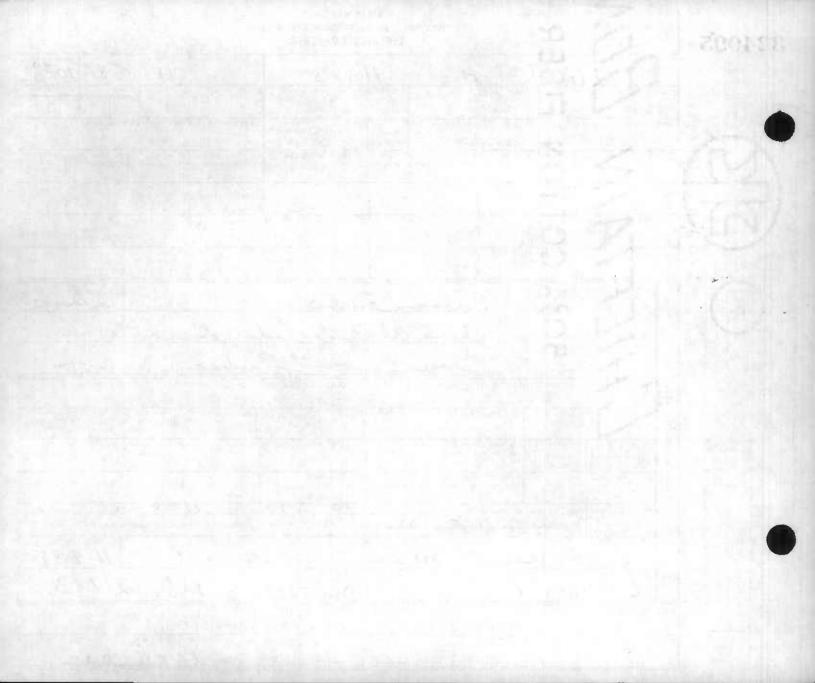
1985 Mt. View Cemetery Rixeyville, Virginia

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

E. Wilson Blvd. Hagerstown, Maryland 21740

November 8,

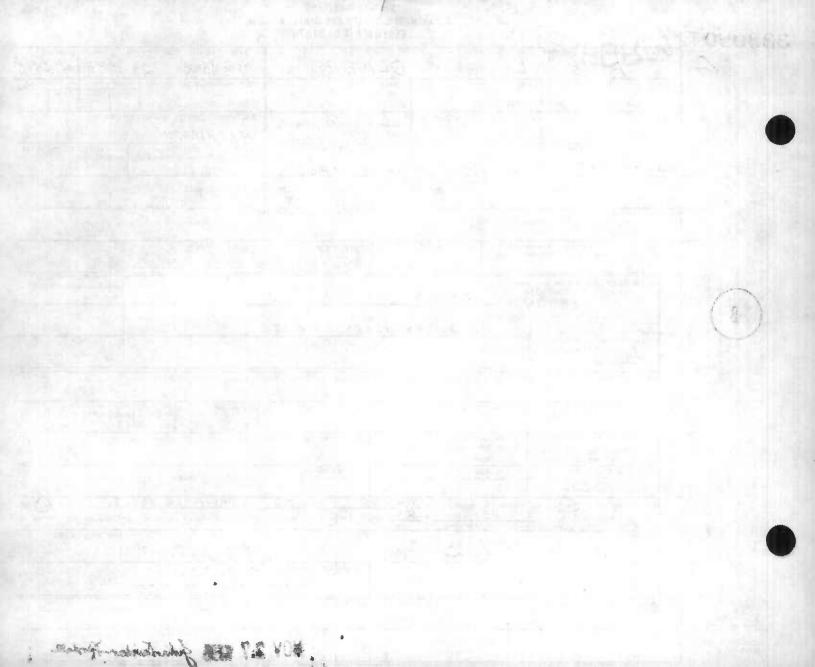
DHMH - 16 60M 7/84 (VRA 15, 4)



Wilson Blvd., Hagerstown, Maryland 21740

(VRA 15. 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

		FOR
-1	-	STATE
		REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		3 - 3	
2		CEASED NAME OR PRINT)	5Ke	266	U/	Orn	idoff	20. DATE OF DEATH	MONTH D	AY YEAR 5 85	26 HOUR 130 pm	
	3 SEX	Male		4 RACE White		5. DATE O		6 AGE (IN YEARS LAST	57 YRS.	ONIHS DAYS	IF UNDER 24 HRS HOURS MIN.	
1	_ c	RTHPLACE (STATE OR F		76. CITIZEN OF		MARRIE	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH		
1	All lands	IVIS, W. VE		U. S.		WIDOWE	DIVORCED DIVORCED	Washin		Tine KIND O	MD. OF BUSINESS OR	
1	Ha	gerstown		Washir	ngton	County H		(TYPE OF WORK FOR MOS		INDUSTRY Truck	Mfg.	
3	Ma Ma	TATE  TYLAND	136 COUNT Nash:	ington	Funk	E BEFORE ADMISSION) R TOWN STOWN	13d INSIDE CITY LIMITS?	130 STREET ADDRES	reen St	. 217	34	
11	)4. FA	Farl	s.	WIDDLE	rndof	ř	15. MOTHER'S MAIDEN N.	.e MIDDLE		Thom		
1	160 W	AS DECEASED EVER ES NO OR UNKNOWN)		MED FORCES?		8-1977	Mrs. Bonnie	Jean Hams	her, Ch	owman lambers	Rd. burg. Pa	•
	TION	Gli	which mediate last.	DUE TO, O  (b)  DUE TO, O  (c)	R AS A CON	EQUENCE OF	bul mederal	MINAL DISEASE OF CO	Marie Company	CONTRACTOR OF THE PARTY OF THE		
1	CERTIFICATION	1% DATE OF OPERA	HON	11% COND	TION FOR W	VHICH OPERATIO	M WAS PERFORMED	YES NO		WERE FINDING CAUSES		
1	MEDICAL CE	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAL EXAMINER	P.,	m. MONTH M.	H DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF TH	JURY IN ITEM 18 PA	RT ( OR PART 2)		
	MED	21d INJURY OCCUR	HLE	21e. PLACE (AT HOME, STE		OFFICE, FARM ETC )	231 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE	
		279. I certify that (I) saw the decom- above, it (I) (I) 279. SHSN of USE					nd that in (my) (our) apinion DEGREE ATTENDING	MEDICAL _ SI	TAFF		that (I) (we) last couses stated	
		224 PHYSICIAN'S NO	He	18/190	beh	/	22e ADDRESS	DIRECTOR PHY	SIN	Du	gestal	1
		URIAL CREMATION.	REMOVAL	11-15	85		emetery or crematory awn Mem. Park	23d LOCATION	torm h	COUNTY	STATE	100
R		INERAL DIRECTOR		41-17	,-05	Loedar, P		TE REC'D. BY REGISTRA	town, W			

DHMH - 16 60M 7/84 (VRA 15, 4)

John H. Bast, Jr. Boonsboro, Md. 21713

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and . Best, T. Brennberg. Ma. 27713 Language Language .

C

- STATE REGISTRAR

I. DECEASED NAME

TYPE OR PRINTS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Partin

5 DATE OF BIRTH

CERTIFICATE OF DEATH

KEG. P	VO.			
E OF DEATH	MONTH	DAY	YEAR	26 HOUR
	11	02	85	7:30x
CIN VEARS LAST B	PTHDAY	IF LIE	UDED I VEAD	IF LINDER 2.1 HD

Sharon 4 RACE 3. SEX Female White BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MD. IIS O CITY OR TOWN OF DEATH Hagerstown

9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Washington 12a USUAL OCCUPATION

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Western Maryland Center Frederick

(TYPE OF WORK FOR MOST OF WORKING LIFE Housewife

12b. KIND OF BUSINESS OR INDUSTRY

MD. 4. FATHER'S NAME

Mt. Airy MIDDLE LAST

Diabetic Nephropathy

13e STREET ADDRESS / ZIP CODE Road 15. MOTHER'S MAIDEN NAME

44

2a. DAT

6 AGE

41

MIDDLE ADDRESS Massey

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

Years

21771

Nathan

Austin 160 WAS DECEASED EVER IN U.S. ARMED FORCES

IMMEDIATE CAUSE ID

18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic

166 SOCIAL SECURITY NO 213-40-6425

Emmons

A. E. Partin.

Gertrude

Item 13

Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF Diabetes Mellitus

DUE TO, OR AS A CONSEQUENCE OF

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

17. INFORMANT

Years Years

Hypoxic Encephalopathy PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

CERTIFICATION 19a DATE OF OPERATION MEDICAL

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 71e. PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE FARM ETC |

21f LOCATION

and that in (my) (xxxx opinion death occurred on the date and hour and from the causes stated

NO

200 AUTOPSY?

YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

21d INJURY OCCURRED

NOT WHILE

saw the deceased alive an

220.1 certify that (X (this hospital) attended the deceased from 9-13

ATTENDING

CITY OR TOWN

STATE

STATE

above, (1) XXX (did) (XXXXX) view the body after

M.D. PHYSICIAN I DIRECTOR PHYSICIAN 22e ADDRESS

11-2-85 1500 Pennsylvania Avenue

230 BURIAL, CREMATION, BEMOVAL

(SPECIFY) Cremation

Kyung S. Kim, M.D.

Nov. 5, 198

23c. NAME OF CEMETERY OR CREMATORY Westview

DEGREE

Baltimore,

MD 21740

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22c DATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTAN

24 FUNERAL DIRECTOR Orin L. Molesworth, P.A., Damascus, Md.

MEDICAL

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STATE OF MARYLAND

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Mikesaville, M. 21755 ...

PRESTON ST., BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W.

# FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CEKIII	ICATE OF DEATH		REG. NO					
	CEASED NAME	FIRST	-	MIDDLE	ı	AST	20 DATE OF DE		HINO	DAY YEAR	2b HOUR		
(IAb)	E OR PRINT)	Emma		F.	Per	Kins	Novemb	er 1	16,	1985	8:30	A M	
3 SE	X		4. RACE		S. DATE C		& AGE (IN YEARS	LAST BIRTH	IDAY)	IF UNDER LYEA	R IF UNDER 24	HRS	
J	Pemale		White			ober 24, 1910	75 YRS			MONTHS DAYS	HOURS	MIN.	
	IRTHPLACE (STATE C	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A D D IE	D NEVER MARRIED	9 BALTIMORE			Y OF DEATH			
	rego, Md.		U. S.	A.	WIDOWE		Washi	ngto	on			MD.	
1	lagerstown of D			HOSPITAL, NURSIN H FACILITY, GIVE STREET / Ington Cou		DROTHER INSTITUTION  LOSPITAL	12a USUAL OCC (TYPE OF WORK FOR House)			12b. KIND INDUSTR'	OF BUSINES	SOR	
130	IAL RESIDENCE (IF NU STATE (aryland	113h COUN		GIVE RESIDENCE BEFORE 134 CITY OR TOWN RONTERS	. 1	13d. INSIDE CITY LIMITS?	13e.SIREET ADD	RESS	ZIP COC	ž 217	79		
II.F.	ATHER'S NAME FIRST FIRST		MODIE	Smith		Nellie		IDDLE			kson		
16a Y	WAS DECEASED EVE LES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	o P She	ADDRES		Rfd. 1	Box 36	2	
1	10		214-16-1966			PAS. PAULICE	Rohrersville, M						
				line far (a), (b), and						BETWEE	BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY:												
1	Due to, or as a consequence of Conditions, if any, which (b) Segii I diverticula abscess												
1	gave rise to immediate												
	couse (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF Level Comp hys land.												
	orderlying coose lost												
7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
ē													
CERTIFICATION	190 DATE OF OPER	ATION	196. COND	N WAS PERFORMED	200 AUTOPS	(?		ES, WERE FIND		2			
Ë			W. 75 3							ES 🗍	NO 🗌	7.7	
N.	210. ACCIDENT WAS U	_		FINJURY M. MONTH DA	RED (ENTER NATURE	OF INJURY	IN ITEM 18	PART I OR PART 2)					
1 ×	OR CONTRIBUTING		In .		19								
MEDICAL		NJURY OCCURRED 218. PLACE OF INJURY 211. LOCATION							COUNTY	COUNTY STATE			
Z	WHILE AT WORK AT WORK								COUNTY	STA	116		
	220.1 certify that (1) (this haspital) attended the deceased from											e) last	
	saw the deceased alive an											ed	
	774 SIGNAPORE DEGREE									12r. DAT	THE DATE SIGNED O		
	1/2	hen	161	may	1	ATTENDING IN	DIRECTOR	STAFF		111	16/25	8	
1	274 PHYSICIANIS	NAME (I'M O	1 PARTIE	-		27e. ADDRESS	a service with the first	17.00	T. Jane		-		
	th	dren	J.T.	Gunn		100 Geeting	Lane. Ke	edv	evil	le. Md.	21756	5	
230	BURIAL, CREMATION	N REMOVAL	236. DATE	123r N	IAME OF C	EMETERY OR CREMATORY	123d LOCATIO			7,			
	urial	-, ALMOTAL	11-1			oro Cemetery	Room	OWN	7.7	COUNTY	Ma	TE	

DHMH - 16 60M 7/B4

John H. Bast, Jr. (VRA 15, 4)

Boonsboro, Md. 21713

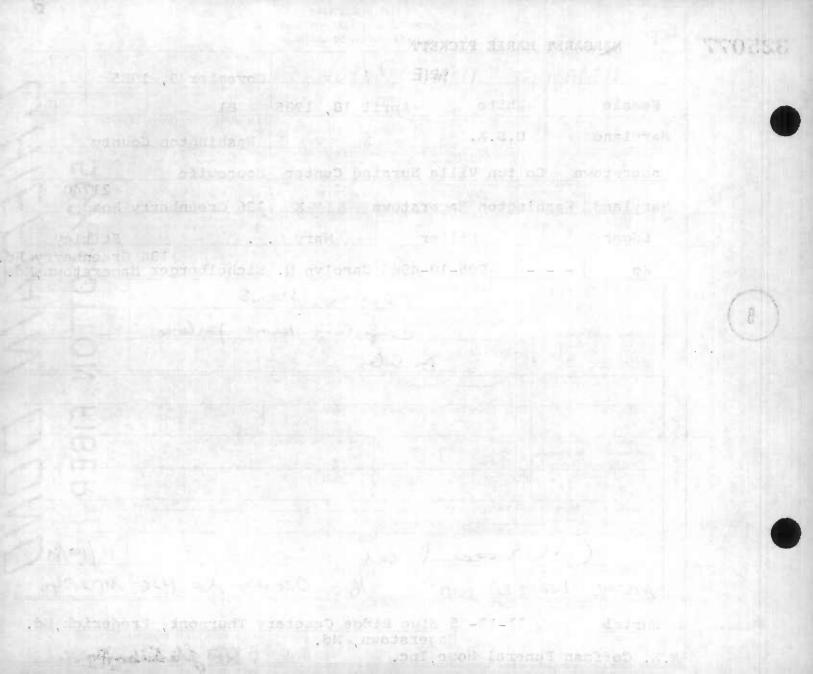
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COUNTY Lane, Keerynyllie, Mar 21755

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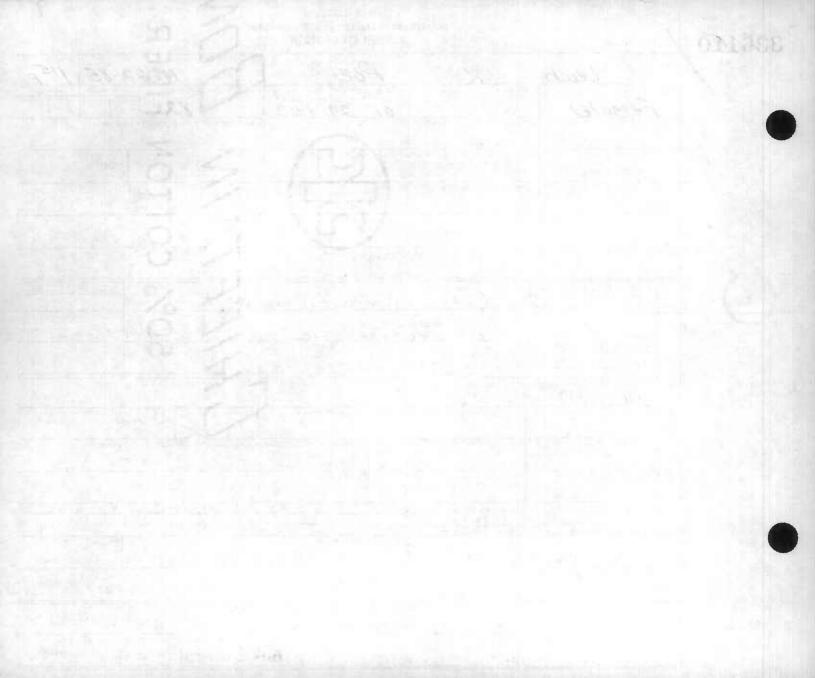
Com - dert, r. doonsoome, Ma. 27713 ... univer 9 955 ...



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 336110 CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 25 HOUR TYPE OR PRINTS athrvn 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH white 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED Pennsylvania Washington U.S.A. WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS TTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Washington County Hospital Hagerstown seamstress clothing USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21740 13g STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 344 Sherwood Drive Maryland Washington Hagerstown 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE John Jane Clopper W. Yeates Eliza 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS 17 INFORMANT LYES NO OR UNKNOWN LIE YES GIVE WAR OR DATEST 173-03-2392-A Mr. George Edward Poe, Hagerstown, Md. no 18 CAUSE OF DEATH (Enter only one cause per line for ia), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6 iouas cylor disease Conditions, if ony, which gave rise to immediate cause (a), stating the underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION SPURTE 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED HE CERTIFYING CAUSES OF DEATH? NO [ 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 71d. INJURY OCCURRED 218 PLACE OF INJURY 21f LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b SIGNALD DEGREE 22c. DATE SIGNED Ph.D. H D. PHYSICIAN DIRECTOR | PHYSICIAN 22e ADDRESS 1825 Howell Road, Hagerstown, Maryland 21740 George Newman, II Ph.D.M.D 230. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY (SPECIFY) Nov. 26, 1985 | Harbaugh's Cemetery Rouzerville, Wash., Maryland burial 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 415 East Wilson Blvd., Hagerstown, Maryland 21740

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT



			STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE  3 2 5 5  1- STATE										O			
33	8045	R	EGISTRAR			MEDI		MINER'S	R'S CERTIFICATE OF DEATH REG. NO.							
			EASED NAME OR PRINT)	Carl		7-1	DACS	8	Offent	berge		OF ESTI-		26 198	B II PA	
	PRY, PLE DIRECTO DUR FIL 72 HOU ON STRE	3. SEX		White	S. DATE OF B	DAY	YEAR LAS	T BIRTHDAY)	UNDER 1 YR.	HOURS	MIN. PROI	DATE NOUNCED DEAD	MONTH	ZG 198	SS 7 PM	
	NECESSA JOERAL FOR YOUTHIN	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY). Maryland			76 CITIZEN C	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED   9 BALTIMORE CITY OF							Y OR COUN	OR COUNTY OF DEATH		
	IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3, RETAIN PAGE 5-FOR YOUR FILES. 4, HOULD BE FILED, WITHIN 72 HOURS ALRECORDS, 201 W PRESTON STREET,	Fairplay				- Provide						TYPE OF WORK	Agriculture			
21201	ANY DANY DANY DANY DANY DANY DANY DANY D	USUAL 130 ST Ma	RESIDENCE (	IF IN NURSING HOM Wasi	AE OR OTHER INSTITUTE UNITY Dington	ON, GIVER	Fairple	ADMISSION)	13d. INSIDE CIT	NO X	130 RT.	Box# 9	7C	21733	3	
8	F-508	1	Ther's NAME		Roy	Roy Poffenberger			15 MOTHE Ade	15 MOTHER'S MAIDEN NAME MIDDLE Ada MIDDLE					Colbert	
BALTIMORE		160. W (YE! n	, NO, OR UNKNOV	EVER IN U.S. /	ARMED FORCES? IVE WAR OR DATES)		166 SOCIAL SECURITY NO. 219-36-4312		1	Dola V.Poffenberger (ite				em 13 above)		
:	SE A SE		18 CAUSE OF PART I DEA	ATH WAS CAU	only ane couse pe SED BY: IATE CAUSE (a)_	er line for	(a)-(b), and	(F).)	arrest	- L	127				CLMATE INTERVAL ONSET AND DEATH	
RECORDS, 201 W. PRESTON ST	IS CERTIFICATE SHOULD BE EXECUTED WITHIN RRING THE WORD "PENDING CONTROL OF 3 SHOULD BE USED AS A BUT TO THE CHIEF TO THE CHIEF AND TO PRICATE TO BURKAL CHANTIN OF PENDING TO PRICATE TO BURKAL CHANTIN OF PENDING TO PRICATE TO BURKAL CHANTIN OF PENDING TO BURKAL CHANTIN OF PENDING TO PRICATE TO BURKAL CHANTIN OF PENDING TO BURKAL CHANTIN OF PENDING TO PRICATE TO BURKAL CHANTIN OF PENDING TO			s, if ony, whi	ch DUE TO	O, OR AS	A CONSEQU	ENCE OF	è Chr	lion		krd	is cas	e 4	29	
.201 W.			lying cous	stating the <u>und</u> e last.	DUE TO	), OR AS	A CONSEQU	ENCE OF								
CORDS			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIRUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).													
		IIFICAT	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?											20 AUTOPSY?		
DIVISION OF VITAL		2	UNDERLYING	CAUSE WAS	HOUR	AE OF IN R A.M. M P.M.	NONTH DAY	YEAR	HOW INJURY	OCCURRED	(ENTER NATURE	OF INJURY IN ITEM	A 18 PART 1 OR PA			
DIVISIO		MEDIC	WHILE AT WORK	CCURRED	21e PL	ACE OF	INJURY (AT H		LOCATION		CITY	OR TOWN	co	OUNTY	STATE	
	INER: THE STAR STAR STAR STAR STAR STAR STAR STAR		22a. I certify that I took charge of the remains decribed above, held an Autopsy . Inspection . Inquiry . and in my opinion													
•	ECERTIFICA DULD BE FO DULD BE FO L DIRECTOI H, WITH THI MARYLAN		death resulted from: Natural causes . Accident ., Suicide ., Homicide Undetermined monner .,  ACTUAL:  DATE													
	TO MEDICAL EXAMINER: IT EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STI BABTIMORE, MARYLAND, 2		EXAMINER'S N		lande D.	11	MD		M.D.Q.	lelok	2 MEDICAL	LA I	H. LOS	lan en	mo	
	A TO	23e.BU	RIAL, CREMAT	ION, REMOVA		100=			OR CREMATO		23d. LOCATI	ON WN	COU	INTY	STATE	
07/84 25M	BP		NERAL DIRECT	or	Nov. 30,	1985	Gree	nlawn h	1em.Park		Willia EC'D. BY REG	STRAR 256 RE	Wash i	ngton	Mary lar	
	DHMH - 17 (VR A15 ME (5))		jor M.C	sborne		ams p	ort,MD	21795		DEC	2 19	සිට			縣	

SERVICE Later Street Hill 1 State of the State of Committee 12 1 Alatha Al 

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

Buria

24 FUNERAL DIRECTOR

236 DATE

FOR

305 N. Potomac St. Hagerstown.

23c NAME OF CEMETERY OR CREMATORY

Rest Haven Cemetery

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Hagerstown

23d LOCATION CITY OR TOWN 26 HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

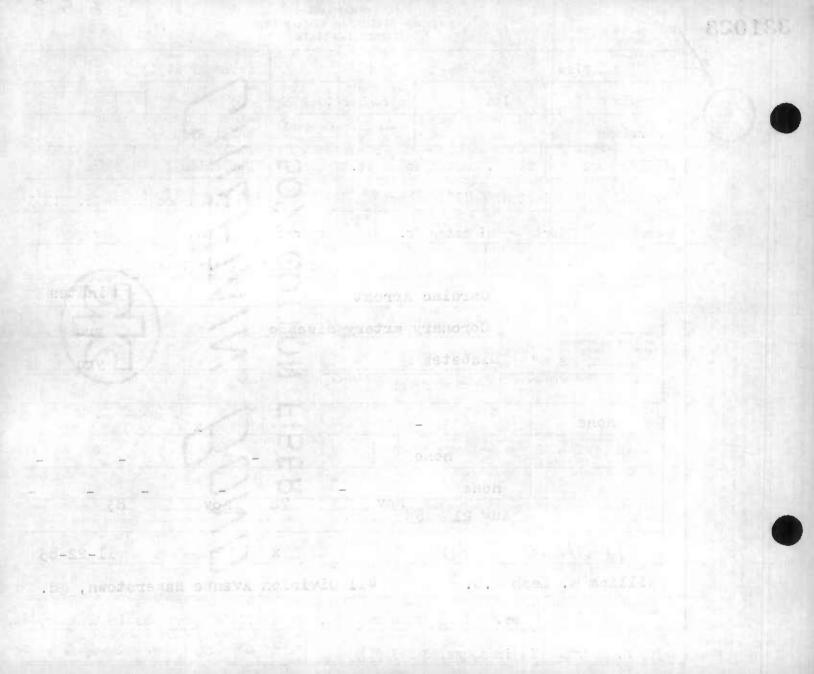
NO F

22c. DATE SIGNED

IF UNDER I YEAR

INDUSTRY

hsl



030336 Read of relation Lettinger at a polyment all The last of the second Edward Charles (San Surper) SEP-15- 15 

Minnich Hagerstown, Maryland

(VRA 15, 4)

whomas not alter to you have the second of the second the standard of the same and th and delical delocate states at altered as a re-No : 215-2-7936 Ttmes. V. hice Same Sa 13 . bit there many result and tempo this wood the last Labor . FE SAME SE. 

336075

FOR STATE REGISTRAR

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

- [		OR PRINT)	FIRST	1	MIDDLE	ſ	AST	20	DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
1	TITPE	OR PRINT)	Frede	rick	Berkeley	Ro	hrer		November 21,	1985	10:45R	
1	1.56			RACE		5. DATE C	F BIRTH	6.	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE.		
1		Male	5	White		Augu	st 17, 193	31	54 YRS	MONTHS: DAY	YS HOURS MIN,	
	. (	RTHPLACE (STATE		L CITIZEN OF	WHAT COUNTRY	MARRIE	NEVER MARRIEL	0 0 9	BALTIMORE CITY OR COUN	TY OF DEATH		
1		curity, 1		U. S.		WIDOWE	the state of the s		Washington		MD.	
1		agerstown of C			HOSPITAL, NURSII HEACILITY GIVESTREE RECOLUTION COU		SPITAL		Truck Driver		of Business or Asportatio	
3	USU/ 13a, S	AL RESIDENCE (IFN	136 COUN Wash	ington	130 CITY OR TOV		13d. INSIDE CITY LIM	#S? 13	STREET ADDRESS BOX	P6 2	1713	
1	4 FA	Paul	N	IDDLE	Rohrer		15 MOTHER'S MAIDE		May	Mc	Allister	
1	6a V	VAS DECEASED EV	ER IN U.S. ARA	NED FORCES? WAR OR DATES)	166 SOCIAL SECT		Dorothy ]	I. Jo	nes, Rfd. 3 F			
1	CERTIFICATION	0 - 1	thing the part to the sound of	ONDITIONS CO	emph	DEATH BUT	NOT RELATED TO THE  Ma - 5  N WAS PERFORMED	E TERMIN	20c AUTO 200 F	ES, WERE FINI	ma	
	RT.								YES NO YES NO			
7		OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTH D	AY YEAR						
	MEDICAL	21d INJURY OCCU	WHILE WORK	21e. PLACE ( (AT HOME, STR	OF INJURY REET FACTORY, OFFICE,	FARM, ETC }	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE	
1		220.1 certify that (1) (this beaptral) attended the deceased from 2 22, 19 78, to 11 21, 19 85, that the (we) lost saw the deceased alive on 19 85, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove. (1) (and didn't) view the body after death										
		DEGREE  DEGREE  DEGREE  DEGREE  DEGREE  DEGREE  MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA										
		George Newman, II M. D. 1825 How						vell	Rd. Hagerstow	m. Md.	21740	
I		URIAL, CREMATIO Burial	n, removal	23b. DATE 11-25	236		emetery or cremate	TORY	23d LOCATION CITY OR TOWN Boonsboro,	COUNTY	STATE	
T		INERAL DIRECTOR		Poor	ah an coppes M	a 217	25	O DATER	EC'D BY REGISTRAR 25b. REGI			

DHMH - 16 60M 7/84 (VRA 15, 4)

Rovember 21, 1905 10:05	HOMPer.	13(1)(1)	Predenick	
15	1501 17, 1931			
ashington	*			
Triox officer (response)		gannoty and	undors.	
Atd Box 86 21713		Maryland	magninsa	Serylana
recalification 7.5				
	Principal Street		II into the	
Lagoretown, Ma. 20140	323 HR. 10391	111 (4)		

N. Minnich

Gerald

305 NapresPotomac St

Hagerstown, Marylan

FOR

- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

YEAR

IF UNDER I YEAR

INDUSTRY

2b HOUR

17b. KIND OF BUSINESS OR

NO [

STATE

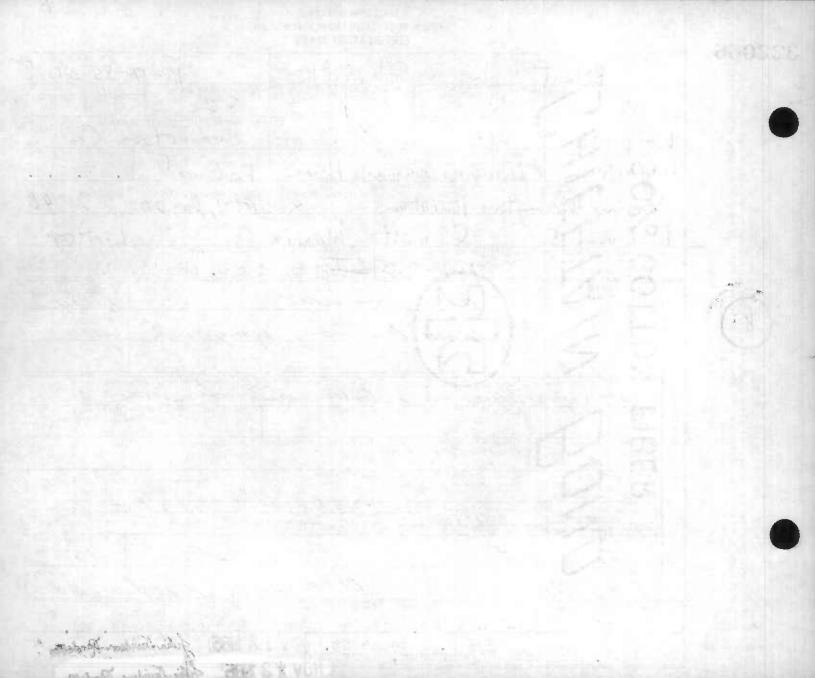
71750

STATE

COUNTY

22c. DATE SIGNED

IF UNDER 24 HRS



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

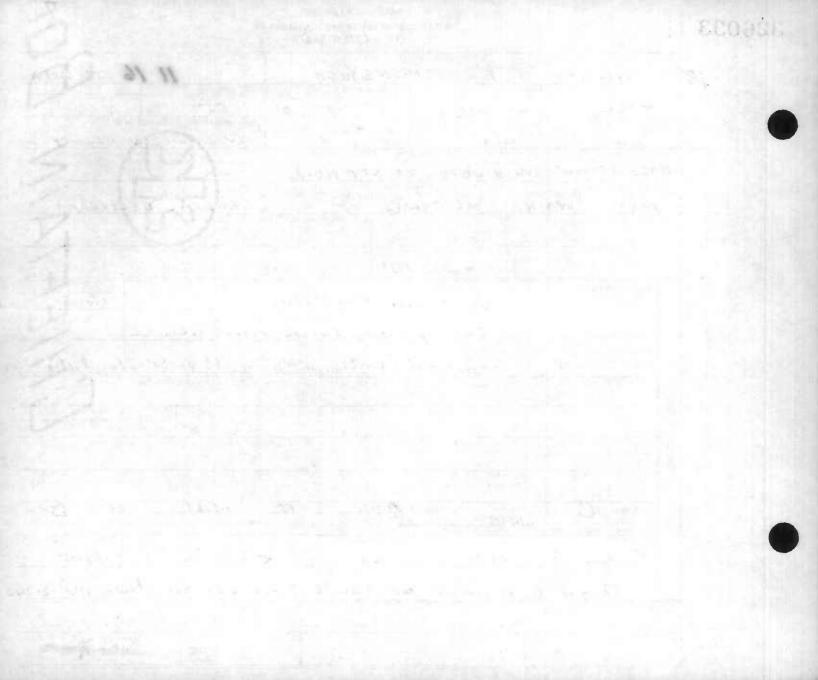
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTIF	ICATE OF D	EATH	REG. N	10.		
		CEASED NAME FIRST	E1-1-1	AIDDLE	L.	AST		20 DATE OF DEATH		DAY YEAR	2b. HOUR
B	TYPE	WILLIAM	Frankli	n SE	WEN	BAUGH			11/	6 85	6:08 PM
	3 SEX		4 RACE		5. DATE C		4	6 AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS
		MALE	cauca	NIAN	MONTH	DAY	3 C	55	YRS	MONTHS DAYS	HOURS MIN.
9		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	D NEVER N	ARRIED 🗆	9 BALTIMORE CITY C	OR COUNTY	OF DEATH	
		USA	usa		WIDOWE	D DIV	ORCED	WASHII	20101	v cou	NTY MD.
4		TY OR TOWN OF DEATH	(IF NOT IN SUC	OSPITAL, NURSII H FACILITY, GIVE STREET	ADDRESS)			12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O			F BUSINESS OR
	1	ACERS TOWN		VGTUN		TY HO	50.	uk		1.	
3	130. S	LESSIDENCE (IF NURSING HOME OR TATE 136 COUN	1TY	GIVE RESIDENCE BEFOR	VN	13d INSIDE CI		130 STREET ADDRESS			21781
	to the last	THER'S NAME			-104	15 MOTHER'S	_		- ~		<u> </u>
1/1	7		MIDDLE	LAST			IRST .	MIDDLE		tAS	
14		W. Reicha		Sensenba			deline	4000	FCO	Grove	<u> </u>
/			E WAR OR DATEST	166 SOCIAL SEC		17 INFORMAI		ADDR			
		yes Korea	an Confl	i215-26	7938	Mrs.	Vanett	e Sensenba	ugh, S		
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c.) PART I, DEATH WAS CAUSED BY									MATE INTERVAL DNSET AND DEATH
	IMMEDIATE CAUSE (a) Ventricular Fibrillation										Am.
Conditions, if any, which ( 16) Corenery artery disease, recent ext											
										a_	
		gove rise to immediate									
	cause (a), storing the underlying couse lost.  DUETO, OR AS A CONSEQUENCE OF with severe left ve								. Xx.	. la. 1	Vs Func Eion
		0.107.0.071150.01011510.117.0									
	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
April	ATION		The source					Tax	1001 15 1/50	1450550400	
7	S	190 DATE OF OPERATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	WED	20a AUTOPSY?		YING CAUSES	
harry	ERTIFIC			YES NO NO						S 🗌	NO 🗆
1	G	210. ACCIDENT WAS UNDERLYING	110110 1	FINJURY M. MONTH D	AV YEAD	21c. HOW IN.	URY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM 18 P	ART I OR PART 2)	
7	AL	OR CONTRIBUTING CAUSE OF DEA	TOTAL CONTRACTOR OF THE PARTY O		19						
	MEDICAL	214 INJURY OCCURRED	21e PLACE			211. LOCATIO	N				
	W	WHILE NOT WHILE AT WORK	(AT HOME STR	EET, FACTORY OFFICE.	FARM ETC 1	STREET		CITY OR TO	NWO	COUNTY	STATE
	0.4	AT WORK	-1) -4	d	2 2 11	1/5	10 85	11/11/		1081	0
		220.1 certify the (1) this hospital saw the deceased alive on		deceased from 3	6.1-			leath occurred on the d			that (I) (we) lost
		above, (I) (we) (did) (did no	t view the body	ofter deoth.					ore one noor		
		22b. SIGNATURE	7/	0		DEGREE	TENDING	MEDICAL _ STA	55	22¢ DATE	_
1		Calomes B.	. Haywore	X	M	A	HYSICIAN 📇	DIRECTOR PHYSI	CIAN	1.116	185
		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	0		22e ADDRESS			4		
		Thomas	B. Hay	wood	MO	645 6	Fin	1 25. H	agerst	own. r	nd. 21740
		URIAL, CREMATION, REMOVAL	23b DATE	23c	NAME OF C	EMETERY OR C	REMATORY	23d LOCATION			
	(:	burial	Nov. 1	9.1985 M	anor (	hurch (	Cemeter	y Tilghman	ton. W	Jach Ma	ryl STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
415 E. Wils Wilson Blvd., Hagerstown, Maryland 21740

250 DATE REC'D. BY REGISTRAR 251, REGISTRAR'S SIGNATURE NOV 20 1985



DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

26094 /	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG. NO.							
ACOUNT /	LDE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR	2b HOUR			
2 mg /		JEAN		SHUPP	11/14/85	DA! IEAR	5 30 a			
poge 3	3. SE		NARIE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS			
offe	J. 3L	FEMALE	CAUCASION	MONTH DAY YEAR	54	MONIHS DAYS	HOURS MIN.			
nge ours	2.0			10 - 07 - 31		RS.				
Perol d	1	IRTHPLACE (STATE OR FOREIGN ASH. Co Mb.	U.S. A	MARRIED NEVER MARRIED WIDOWED DIVORCED	MASHINGTON	COUNT	, M			
offer at	10 C	AGERSTOWN	(F NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) housewife		F BUSINESS OF			
ours of the file	USU		OTHER INSTITUTION GIVE RESIDENCE BEFORE		Inousewire					
filled b	13a	STATE 1136 COUR		N 136 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	k Road	21740			
tely 2.5	14. E/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N						
and make w	1	Charles Finley	Clopper	Virginia	WIDDLE	Hornbake	er			
ond comp ages (re-		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17. INFORMANT	ADDRESS					
on and c	No	TES, NO OR UNKNOWN)       F TES, GI	E WAR OR DATES!	William M.	Shupp, Hagerst	own, Mary	land			
ires that the agned by the an please remo		0 1 1 - 1	11	NCE OF	MINAL DISEASE OR CONDITION	GIVEN IN PART 1	0			
en signi Then parto bu	ō	Mabete	s Mellitus 1	ypett.						
an. has been to permit. tene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	PERATION WAS PERFORMED	20a AUTOPSY? 20b. IN C	FYES, WERE FINDIF ERTIFYING CAUSES YES [	OF DEATH?			
PHYSICIAN: TI ending physica this certificate the burial-transit the Amental Hysi d ar I fem 18 shy		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		YEAR 19	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART ( OR PART 2)				
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE F	211 LOCATION	CITY OR TOWN	COUNTY	STATE			
TTEN Pital TOR: for us of He		22a I certify that (I) (this haspi saw the deceased alive an abave, (I) (we) (did) (did no	tal) attended the deceased from		7 , to Sept n death accurred on the date and		that (I) (ver)las			
PITAL OR A by the hasi VERAL DIREC se detached State Dept. ANT: If them		Mary E.M	may 60		MEDICAL STAFF DIRECTOR   PHYSICIAN	11/1	5/85			
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State IMPORTANT:		Mary E, ME	ney W	1708 Out	k Hill Aor, 1	Hageiston	in, med			
Pe F#3≥7		BURIAL, CREMATION, REMOVAL		AAME OF CEMETERY OR CREMATORY		LIACH MA	STATE			

DHMH - 16 60M 7/84

BP

Durial Nov.18,1985 Cedar Lawn Mem.Park

415 E. Wilson Blvd., Hagerstown, Md. 21740 (VRA 15, 4)

Hagerstown, Wash., Maryland

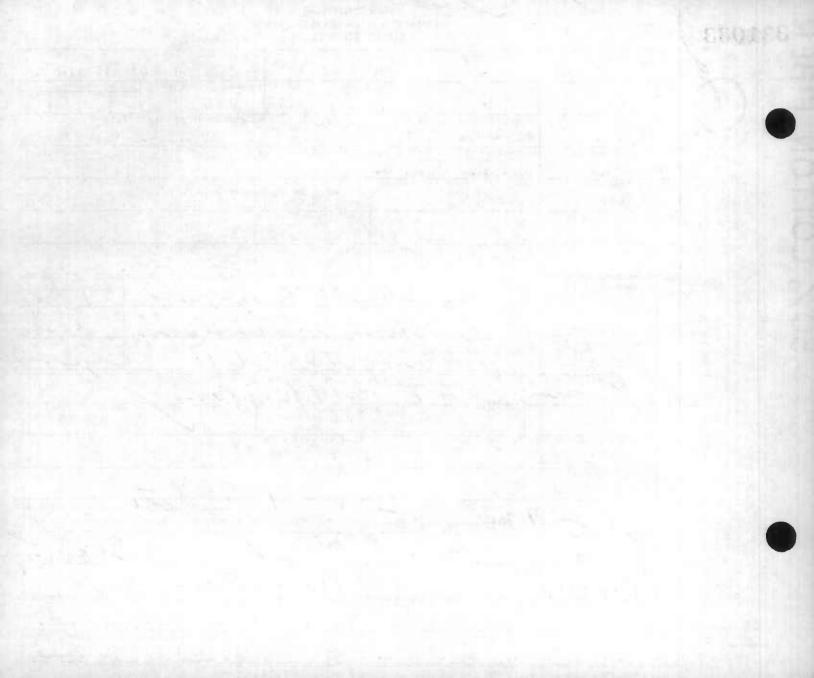
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG							
ŀ	1 DECEASED NAME FIRST	S	usan	TZAI	REG. NO.	DAY YEAR	26 HOUR				
ı	(TYPE OR PRINT)	/	1	4	20. DATE OF DEATH		1247				
Į.	Elverd		)· )	CX	11-	21 -85	10 PMM				
1	3 SEX	4 RACE	5. DATE	OF BIRTH TH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.				
1	Female	White	MON	16 1900	85 YRS	MOINTS DATS	HOURS MIN.				
1	To. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	-/ -	9 BALTIMORE CITY OR COUN	TY OF DEATH					
П	COUNTRY)	1 1	MARRI	ED NEVER MARRIED	1 1 1	Λ					
1	Hagerstown	N. AMER			lelashingto	n (0.	MD.				
1	10 CITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME THE FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY	BUSINESS OR				
L	Hagerstown	Washing	ton County Ho	soital	housewife housewife						
	USUAL RESIDENCE (IF NURSING HOME		GIVE RESIDENCE BEFORE ADMISSION		Lis CERCET ADDRESS / TIR CO	D.F.					
A	Maryland Was	hington	Hagerstown	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 1036 Brinker		1740				
7	14 FATHER'S NAME	-	1 0	IS. MOTHER'S MAIDEN NA		DI . 2.	1740				
П	FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST					
1	John	Κ.	Jacobs	Margaret	271,241,651,15						
I	160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS						
L	No No	INE WAR OR DATES)	219-54-2387	David F. Si	ix, Hagerstown,						
ſ	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one cause per	line far (a), (b), and ici.	1-11	_ , _ /	BETWEEN CO	ATE INTERVAL				
ı		ATE CAUSE (a)	Cerey	not the	mon		day				
ı			R 48% CONSEQUENCE OF	1 1	1						
ı	Canditions, if any, which	10,0	10 Della	el anto	rendon	1	Rong				
ı	gave rise to immediate	) (6)—	0000	2	1	7 0	4				
1	cause (a), stating the underlying cause last	DUE TO, O	R AS A GONSEQUENCE OF	entis (	1///	1	en				
1	PART 2 STHER SIGNIFICANT	PART 2 STHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OR CONDITION GIVEN IN PART 310									
1		- CONDITIONS CO	1/4	Field In	ANNAL DISEASE OR CONDINION C	- /					
-	190 DATE OF OPERATION	THE COMP	ITION FOR WHICH OPERATE	ON WAY REDUCTIONED	20a AUTOPSY? 20b F	ES, WERE FINDING	CE LISED				
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	The Court	HONTOR WHICH OF CHAIN	on my remonnes	MV CER	TIFYING CAUSES	OF DEATH?				
4	E					YES [	NO 🗌				
J		and affect only in all		THE HOW INJURY OCCUR	HED TENTH HAT URE OF INJURY IN ITEM 1	B PART I OR PART 2)					
	LIF EITHER, NOTIFY MEDICAL EXAMIN		M. 19								
1	(IF EITHER, NOTIFY MEDICAL EXAMIN	21e PLACE		211 LOCATION	CITY OR TOWN	COUNTY	STATE				
1	News Co advanced Co	TAT HOME, 118	REET, FACTORY, OFFICE, EARN, 81C3	-	CITY ON TOWN	A	STATE				
1	22s I certify that (I) (this has	nacticuttended th	e decreased from 26	June 10 let	- dal	Bo u	net (1) (we) lest				
1	sow the deceased thee o	21 mm	1085	and that in (my) (aur) ag-mon	death accurred on the date and h	aur and from the o	auses stated				
ı	77h SachATURE	ant view the body	ofter death.	MEGREE S		22¢ DATE S					
1	1711	6	Bulsan	M AHENDING	MEDICAL _ STAFF _	2/2	IGNED /				
4	1 cirrary	414	10 Mily a	PHYSICIAN [	DIRECTOR PHYSICIAN	FIN	N85				
1	221. PHYDICIAN'S NAME THE	Processi .		22v. ADDRESS	200	2 1	00/				
1	17/17/11			1 age	mu,	my					
1	230 BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE				
1	burial				Brethren Hagerst						
1	NAME		NERAL HOME	NIC	TE REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATU	IRE				
1	415 E. Wilson E	lvd., Ha	gerstown, Md.	21740 N	JV 25 1985 July	المستحدث المسالة	andell.				

DHMH - 16 60M 7/84 (VRA 15, 4)



#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 338010 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) SMITH Harlen/ Ever 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) JE LINDER I VEAR YEAR HOURS BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED | Maryland WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Farmer Farm CLEARVIEW NURSING HOME JAC. 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 21740 900 Kenwood Dr. YES X 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Lillie Miller G. EMORY 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? HE YES GIVE WAR OR DATEST Mr. Ralph J. Smith Hagerstown, Md. WWI APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110, CERTIFICATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES [ NO [ 218 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STREET CITY OR TOWN STATE (AT HOME, STREET FACTORY, OFFICE FARM ETC.) NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from 1985 and that in (my) (ever) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 77d PHYSICIAN'S NAME (TYPE OR PRINTS 22e ADDRESS ld b IMPORT EdSON 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION (SPECIFY) CITY OR TOWN STATE Rest Haven Cemetery Hagerstown, Wash. BP.

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4) sylon syns samer

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which is the state of the state

### FOR

## STATE OF MARYLAND

DEPARTMENT	OF	HEAL	TH	AND	MENTAL	HYGIEN
CE	PT	FICE	TF	OF.	DEATH	

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
		FIRST Ida	WIDDLE L	AST		DAY YEAR 26 HOUR	
1	E OR PRINT)	lary:	I Sn	yder .	11 2	5 85 3.35 am	
3. SE	Х	RACE	5 DATE C	BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS	
	female	white	Octol	per 11, 1923	62 YRS.	UNITED DATS HOURS MIN.	
70 B	IRTHPLACE (STATE OR FOR	TEIGN 76 CITIZEN OF	WHAT COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
1	Virginia	USA	WIDOWE		Washington	MD.	
10 0	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME (	OR OTHER INSTITUTION	126 USUAL OCCUPATION	12b. KIND OF BUSINESS OR	
10	Hagerstown		gton County Ho	ospital	(III) WORK (OK MOS) OF WORKING LIFE	restaurant	
-13c.	STATE 13	Shows or other institution  Bb. COUNTY  Vashington	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Hagerstown	13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP CODE 2908 Youngstown		
14. F	ATHER'S NAME	MIDDLE	LACT	15. MOTHER'S MAIDEN NA	ME	LAST	
A	Alfred	В.	Mazingo	Lena	F.	LASI	
160	WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
	No	(IF 165, ONE WAN ON DATES)	219-12-0456	ershner, LaVale,			
	18 CAUSE OF DEATH	Enter only one couse per S CAUSED BY.	line for (a), (b), and (c)		THE PARTY OF THE PARTY OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
3 6	PART I. DEATH WAS	MEDIATE CAUSE (0)	ARDIO PULMON,	ARY ARREST		FEW STECS.	
		the lost. DUE TO, OI	RAS A CONSEQUENCE OF EXTREME EA		IINAL DISEASE OR CONDITION GIVE	2 MONTHS .	
NO.			×			SIDER LEGIS	
CERTIFICATION	198 DATE OF OPERATION	ON 196 CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED	IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH? S \( \text{NO} \( \text{D} \)	
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	USE OF DEATH HOUR A.	M. MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18 PA	urt I OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	LAT HOME STR	OF INJURY BEET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
	sow the deceased	olive on	2 4 19 85 , or olter death.		death accurred on the date and haur		
	22b. SIGNATURE	afi.			MEDICAL STAFF DIRECTOR PHYSICIAN	11 12 2   85 ·	
	27d PHYSICIAN'S NAM	AF (TYPE OR PRINT)		WASHIN	etan eounty	HOSPITAL	
23a	BURIAL, CREMATION, RE	MOVAL 236. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE	
	ourial		,1985 Rest Ha	even Cemetery	Hagerstown, Wa	sh., Maryland	
	NAME	INNICH FUNE	ADDRESS	De a l	E REC'D. BY REGISTRAR 256. REGISTE	PAR'S SIGNATURE	
4	415 E. Wilso	n Blvd., Ha	gerstown, Md.	21740	A DO MOR		

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ITENDING PHYSICIAN: The low

DHMH - 16 60M 7/84 (VRA 15, 4)

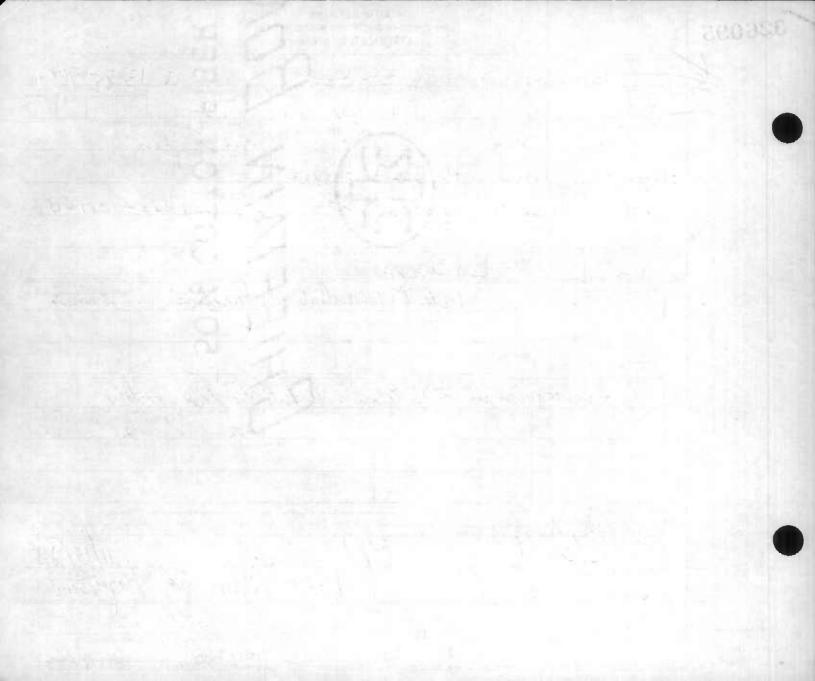
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	1			STATE	OF MARYLAND	8 5	2000
326095	1	FOR	DEP	ARTMENT OF HI	EALTH AND MENTAL HY	GIENE	
00000	1 -	STATE REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO.	
,	DE	CEASED NAME FIRST	MIDDLE		AST		DAY YEAR 2b HOUR
m = 1		OR PRINT)				1	12 5 - 0100
noy be	4	Charle	es drem	ich 5	tactona		13 X5 7.Wain
and and	3. SE		4 RACE	3. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.
4 por	100	1.00	1.	MONTH	DAY YEAR	YRS.	TOOKS THE TANK
dire	7120 B	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUN	TRY? 8	2001	9 BALTIMORE CITY OR COUNTY	OF DEATH
7 2 P.		COUNTRY)	1 -	MARRIED		1 1	
dea de de		119	DJA	WIDOWE		102511 ator	MD,
Me fe fe	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY/GIVE		ROTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
s of	1	ugerstown	1130 sh- at/m	( )	ty 16501761	self employed	
in be fi	esu	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	3		
led led	5 130.3	TATE 136 COUN			13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	- / - / -
Ci A S	14.5	THER'S NAME	JOSHAJIN Has	PS Tausa	15 MOTHER'S MAIDEN NA		11 41140
with with and 2	1 11.17	FIRST	MIDDLE	л	FIRST	MIDDLE	LAST
Pa de de	/	Charles	A. Start		Mary	J. Collins	
d co		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	Limwood Rd	. Ext.
e execu	1	Ann I I I I I I I I I I I I I I I I I I	200.	X 3818A	Edna B. Sta	rtzman Hagerstown	, Maryland
sicion of the		18. CAUSE OF DEATH (Enter or	nly one couse per line foa(0). F	7	0.0	1 1 2 -	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physon paper event,	18	PART I. DEATH WAS CAUSE	D BY:	to (Y	Ocardial N	Marcheon	25 minutes
		IMMEDIA	TE CAUSE (0)	100		1	
e deoth ce attending move corb notion, or r traumotic			DUE TO, OR AS A CONS	SEQUENCE OF			
dec		Conditions, if any, which gave rise to immediate	(b)				
at the by the se rem cremo		couse (o), stoting the	DUE TO, OR AS A CONS	SEQUENCE OF			
that d by leose ial, ci		underlying couse lost.	( (c)				
0 0 0 -		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE LER	MINAL DISEASE OR CONDITION GIV	EN IN PART 110
aquire n sign Then p to bu	CERTIFICATION	Holenoc	Caucinoma or	f the Col.	on with the	tosusce plum. OC	ute/v
bee mit.	HE	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	20a AUT PSY? 20b. IF YE	S, WERE FINDINGS USED
on. has b	E						FYING CAUSES OF DEATH?
T in ite		21g ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	_^_
Phys Phys of Hy n 18		OR CONTRIBUTING CAUSE OF DE	LICINO A 11 MONITI	DAY YEAR			
SICIA ng P certif priol-t	٥	(IF EITHER NOTIFY MEDICAL EXAMINE		19	AN ACCUTION		
PHYSICIAN tending physicial physicia	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
4 4	-	AT WORK NOT WHILE AT WORK					
NDING I ar at R: After use as t tealth a		22a. I certify that (1) (this hosp	ital) attended the deceased f	rom	. 19	, to	19, that (I) (we) last
TTEP Pirtol TOF for 1	1 8	sow the special olive of	it) view the body after death.	_19, or	nd that in (my) (aur) opinion	death occurred on the date and hou	or and from the causes stated
REC REC sed		22b. SIGNATURE	// //	1	DIGREE		224 DATE SIGNED
tache be Dep	3	11 Mar	M		ATTENDING	MEDICAL STAFF  THE DIRECTOR   PHYSICIAN	11/15/21
HOSPITAL ined by the FUNERAL wild be det he the State PORTANT:	+	22d. PHYSICIAN'S NAME ITHE	OR PRINT)		122e ADDRESS	AL I	7/1-1
OSF UN Id b the		0011	2 11		1459	Motorne AUP.	Magazitation
O HOSPITAL etoined by t TO FUNERAL should be del with the State		Probert	Huad		110/	00.00.00	recre
1 2 1 3 3		BURIAL, CREMATION, REMOVAL (SPECIFY)		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
BP		Burial	November 16,	1985 Ro		tery Hagerstown	Washington Md.
	24 F	UNERAL DIRECTORT NINT CH	FUNERAL HOME		25a. D.A	ATE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

74 FUNERAL DIRECTOMINNICH FUNERAL HOME ADDRESS 415 E. Wilson Blvd. Hagerstown, Maryland 21740

NUV 20 1985



director, page 3 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon poper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the hospital or attendi

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony

injury, or ather traumatic event, th

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAN

# FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR	C	ERTIFICATE OF		REG. NO					
	(TYPE	CEASED NAME BELLA FIRST	24	TITELY		o. DATE OF DEATH /(		8.	36PM	М	
	3. SEX	ěmale vh	ÎTE	DATE OF BIRTH 0/08/94 DAY		AGE (IN YEARS LAST BIRT	YRS.	UNDER 1 YEAR	HOURS /	MIN,	
2	MAI		W		DIVORCED [	SHINGTON 2				MD.	
F	AGI	ERSTOWN COL	NAME OF HOSPITAL, NURSING H TON WITELIAY, NURSING H	⊕ HOME		SEW FOR PRINCE	E WORKING L <b>H</b>	MB DSTRY	F BUSINESS	5 OR	
11	13a. S	AL RESIDENCE (IF NURSING HOME OR OTH STATE WASHENGT		YES T	NO 🗌	FORT VERISA	NURSEN	G HO2	1788		
		ITTLETON CLARENCE		"ŽELP	P'S MAIDEN NAME HEA C. I			LAS	1		
	16a V	VAS DECEASED EVER IN U.S. ARMEE YES, NO OR UNKNOWN) (IF YES, GIVE WA NO NON)		MARGUER	ÎTE L. BA	KER 123		FREDEI Churm	ont.	Mnd	
		18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY	ine couse per line for (a), (b), and (c).	A				BETWEEN	MATE INTERVA DINSET AND DE	ATH	
	8	IMMEDIATE C		iac (C)	UVY						
		DUE TO, OR AS A CONSEQUENCE OF									
		Conditions, if any, which gove rise to immediate	(b)	Tag	House	TIM	Le .				
	17	couse (a), stating the underlying' cause last.	DUE TO, OR AS A CONSEQUENCE	E OF							
		PART 2 OTHER SIGNIFICANT CON	(c)  *DITIONS CONTRIBUTING TO DEAT	TH BUT NOT PELAT	ED TO THE TERMIN	AL DISEASE OF CON	DITION GIVEN	IN PART 10		=	
	NO		0110110			AL DISEASE ON COM	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPE	ORMED	20e AUTOPSY?	20b. IF YES, V IN CERTIFYIN	NG CAUSES	OF DEATH	?		
7	CERT	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW	INJURY OCCURRED	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
1		OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY	YEAR 19							
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCA		CITY OR TO	arbi	COUNTY	STAT	16	
	Z	WHILE NOT WHILE AL WORK	(AT HOME, STREET, FACTORY, OFFICE FARM,	ETC) SIKE		CITORIO		COOKIT	3181		
	84	220.1 certify that (I) (this hospital)	ottended the deceased from			., to			that (I) (we	e) lost	
		sow the deceased plive on obove, (1) (we) (did) (did not) vi	ew the body after death.	, and that in (m	y) (our) opinion dec	oth occurred on the do	ite and hour o	nd from the	couses state	d	
		22b. SIGNATURE	1	DEGREE	ATTENDING	MEDICAL STAF	E	22c. DATE	SIGNED	1700	
		224 PHYSICIAN'S NAME (TYPE OR PR	Oe A	122e ADDR	PHYSICIAN T	DIRECTOR PHYSIC	IAN 🗌	111	1/8/		
		ABDUL WH	HERD, un	1610		- Hill A	E. H	AGIN	w 21	746	
	23a. E	BURIAL I	1712/85 MT. 10	PE CEMETI	LRY ENATORY	WOODS DO I	SOR x F	reder	rick	" Md	
	24 D	DAE HARTZLER	WOODSBORO		250 DATE R	EC'D. BY REGISTRAR	256. REGISTRA	R'S SISPATI	A LANGE	d d	

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	RECEIVE 28		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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PK.	E١	Э.	14	┖

		REGISTRAR			CERTIT	TEATE OF DEATH		REG. NO.					
5		CEASED NAME Charle		Samuel	S	Lou Her	2a. DATE OF DE	ATH MONTH	3 FJ	26 HOUR	05 Am		
	3 SEX		4. RACE white		5. DATE O		6. AGE (IN YEARS	S LAST BIRTHDAY) YRS.	IF UNDER I YEAR	HOURS	4 HRS MIN		
		RTHPLACE (STATE OR FOREIGN COUNTRY) aryland	USA	WHAT COUNTRY?	WIDOWE		1	9 BALTIMORE CITY OR COUNTY OF DEATH  Was Log to a					
7	Hagerstown  Hagerstown  11. NAME OF HOSPITAL, NULL INFORMATION SUCH FACILITY, GIVE SI Washington Co				ty Ho	spital	120 USUAL OC	CUPATION R MOST OF WORKING L	12b. KIND C INDUSTRY railr	oad	SOR		
4	13a S Ma		onerinstitution. NTY ington	Hagersto	N	13d. INSIDE CITY LIMITS? YES NO K	Route 9	RESS / ZIP COD Box 32		40			
		Charles		Stouffer		15. MOTHER'S MAIDEN N FIRST Katie		ADDRESS	Beit				
	16a W	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? (E WAR OR DATES)	705-10-5		Goldie M.	own. Md						
7	CERTIFICATION	PART I. DEATH WAS CAUSE IMMEDIA:  Conditions, if any, which gove rise to immediate couse (0), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OF		NCE OF GO	HOLATED TO THE TEI	20a AUTOPS	IN CERTI	S, WERE FINDIN	N IN PART 1(0)  WERE FINDINGS USED  NG CAUSES OF DEATH?			
7	MEDICAL CERTI	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 22a. I certify that (1) (this hospi saw the deceased live an obove [ J   (we)   dight (did no ) (did no ) (did no ) (1) EXNATURE  22d. PHYSICIAN'S NAME (TYPE	21c. PLACE ( (AT HOME, STR	M. MONTH DA M.  OF INJURY  EET, FACTORY, OFFICE, FA  be deceased from	ARM, ETC)	211. HOW INJURY OCCL 211 LOCATION STREET  19 dd that in (aur) opinio	JRRED (ENTER NATURE	E OF INJURY IN ITEM 18  ITY OR TOWN  The date and hot	COUNTY		e) last		
THE PROPERTY OF	24 FL	BURIAL, CREMATION, REMOVAL SPECIFY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Nov.6, ICH FUNE	1985 Res	st Ha		CITY OR T	Stown, W		aryla	nd		

BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

312033 A THE SECOND STATE OF THE

STATE OF MARYLAND 325116 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH West LAST DECEASED NAME 2b HOUR TYPE OR PRINTI SWARTZ 13 1985 ROBERT W. November 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX HOURS September 14,1914 male white BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Washington Maryland | USA WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Coffman Nursing Home TYPE OF WORK FOR MOST OF WORKING LIFE Hagerstown none USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 21740 813 Frederick St. Maryland Washington Hagerstown YES TX NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE Grubb James Mabe1 Mae Oscar Swartz 17. INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Irene Swartz, Hagerstown, Md. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for, (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if any, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NOL YES [ NO [ 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from\_

should be detained with the State FUNERAL

MPORTANT: 230. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CRÉMATORY 23d. LOCATION [SPECIFY] CITY OR TOWN Nov.15,1985 Rest Haven Cemetery burial Hagerstown, Wash., Maryland 24. FUNERAL DIRECTORMINNICH FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGN DHMH - 16 50M 4/83

DEGREE

22e ADDRESS

PHYSICIAN

and that in (my) four apinian death accurred on the date and have and from the causes stated

T DIRECTOR PHYSICIAN

22c. DATE SIGNED

(VRA 15, 4)

sow the deceased alive on.

22b. SIGNATURE

above, (1) (westerd) (did not) view the bady after death

415 E. Wilson Blvd., Hagerstown, Md. 21740

LPACKENJA,

attruc College Surgion Rose The Designation of the 18th of 18th

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 325109 REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-3 TO THE FUNERAL DIRECTOR.
IN PAGE 5 FOR YOUR FILES.
D BE FILED, WITHIN 72 HOURS.
RDS, 201 W. PRESTON STREET, TAYLOR ELMER BROWNING 4 RACE 3 SEX DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) 85 1917 White May 21 68 YRS Male To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED XX USA WIDOWED [ Virginia WASHINGTON 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY NND 2 SHOULD BE F Ret. Laborer Washington County Hospital Construction Hagerstown USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 30 STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 42 Washington Street Washington Hagerstown Maryland YESXX NO [] 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST FIRST Ella Knight Taylor Theodore 16b. SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (IF YES, GIVE WAR OR DATES) Winchester, Yes W.W.II Mrs. Sandra Wells 234-22-6905 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: #427 - CARDIAC ARREST MMED. IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which 402 - HYPERTENSIVE CARDIOVASCULAR DISEASE 10-15 YRS. gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION #303 - ACUTE & CHRONIC ALCOHOLISM - (MANY YEARS) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DED TO THE USE E SEPARTMENT OF YES NO X 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORW TO FUNETAL DIRECTOR AFTER DEATH, WITH THE STABLEMORE, MARYLAND, 2 Inspection X 22a I certify that I took charge of the remains described above, held an Autopsy Inquiry ond in my opinion Notural couses X death resulted from: Suicide Homicide Undetermined monner TITLE (SPECIFY) **ACTUAL** DATE NOV. 5,1985 DEPUTY SIGNATURE 217 WEST WASHINGTON STREET EXAMINER'S NAME EDWARD W. DITTO, III. M.D. HAGERSTOWN, MARYLAND 21740 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE WV Burial Nov. 8,1985 New Norborne Cemetery Martinsburg Berkelev 07/84 25M 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE our ADDRESS 327 W. King St **DHMH - 17** POBox 821, Martinsburg, WV. (VR A15 ME (5)) Brown Funeral Home

STATE OF MARYLAND

CHOLIFAY. DISMESSION. REMAIN

THE THE THE PLECHOLIST - LINE - EVE

TRIBERT CALLER - The

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EDIARDIA. LITTO, III, V.L. ACERTIONA, LARVEAND RIVEU

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A DELICATION

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. BY SINGE TRANSPORTED ASSESSED FASTERS OF THE STREET ... SOR

TERT WETCH HEAR TREE YES

		FOR STATE			ST. DEPARTMENT OF		ARYLAND AND MENT	AL HYGIENE	3	20	0 7	
329044		REGISTRAR		ME	DICAL EXAMI	NER'S C	CERTIFICAT	E OF DEAT	H REG. N	NO.		
W at 16 17 = 2		EASED NAMI		TITT	WIODLE	7.775	LAST		OF ESTI-	X MONTH	0AY YEAR 17 19 85	26 HOUR
PLEAS CTOR FUES TREET	3. SEX		MIGI 4 RACE	5. DATE OF BIRTH	VEGEL  6. AGE (IN: LAST BIRTH	YEARS IF UN	DER TYR. IF UN	SR. IDER 24 HRS. 2	DATE	MONTH	DAY YEAR	2d. HOUR
A DONE		ale	P.R.	Sept. 20,	1957 28	YRS. MONTH	HS DAYS HOU		RONOUNCED DEAD	11	17 19 85	10:35 P M
NECES AND STATE OF ST	P	uerto F	Rico	76. CITIZEN OF WE		8. MARRI WIDOW	NED NEVER A	ORCED   W	BALTIMORE CITY Tashingtor	Count		MD
PAGE FILED	Ha	ry or town agersto	wn	Washing!	PITAL, NURSING HOAD CILITY, GIVE STREET ADDRESS HOS	spital		FOR MC	LOCCUPATION (TO IST OF WORKING LIFE) Laborer	PE OF WORK	OR INDUS	
CAND 3 2, AND 3 3. RETAIN 2. SHOULD 2. SHOULD	13a. S	L RESIDENCE LATE nnsylva	134 COU	FOR OTHER INSTITUTION, GI INTY lams	13c CITY OR TOWN New Oxfor		13d. INSIDE CITY LIM	13e STREE	T ADDRESS Red Hill	Road	1735	0
A FEBRUARY	14. FA	THER'S NAME FIRST Sat	urnino	Ville	jas LAST		15. MOTHER'S A	AAIDEN NAME Virginia	Escriba	no	LAST	
BALTIMON  JRS AFTER BE B. GIVE PAGE WITH FORM T. PAGES IA DIVISION D		AS DECEASES S. NO, OR UNKNO NO		RMED FORCES? VE WAR OR DATES)	16b. SOCIAL SECUR 528 25 58		Maria A	. Ponce	1635 01 Aspers		lisle R 17304	
201 W. PRESTON ST. UTED WITHIN 24 HOL. IN PENCIL IN ITEM 1E EXAMINER ALONG'S RIAL-TRANISIT PERMIT DANNINAL HYGIENE, ON, OR REMOVAL.	Z	Condition gave ricouse (o) lying cou	ATH WAS CAUS  IMMEDI  as, if any, which is to immediate stating the under se last.	ATE CAUSE (a) Art	teriosclerc as a consequence as a consequence	E OF			lisease		APPROXIMA BETWEEN ONSI	T AND DEATH
VITAL RECORDS SHOULD BE EXE OND "FENDING" CHIEF MEDICAL IE USED AS A BU T OF HEALTH AN URIAL, CREMAT	FICATIO	19a DATE OF	OPERATION	19b. CONDIT	TION FOR WHICH OP	RATION W	AS PERFORMED?				20. AUTOPSY	
IION OF THE WASTIMEN TO THE HOULD B ARTIMEN ARTIMEN TO BE ARTIMENTAL TO BE ART	MEDICAL CERTIFICATION	UNDERLYING	NG CAUSE OF		MONTH DAY YEA	AR	OW INJURY OCC	URRED (ENTER NA	ture of injury in item 1	8 PART 1 OR PAR	YES X	NO []
DIVIS  WER: THIS CER CATE, WRITIN FORWARDED OR: PAGE 3 S HE STATE DEF (ND, 21201 PR	ME		NOT WHILE AT WORK		ORY, FARM, ETC.)		TREET		CITY OR TOWN	COU	NTY	STATE
MEDICAL EXAMI COLT THE CERTIFIC GE - SHOULD BE THURREL DIRECT TE DEATH, WITH T		death resulte ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRII	Anr	rige of the remains des tural causes X, n M. Dixon	Accident , S		Hamicide TITLE (SPECIF D. ASSISTA	ant_medic L Penn S	ALEXAMINER	DATE SIGNED	<u>11–18</u>	
07/84 BP	(5	Buria]		23b DATE 11/23/198	5 Caguas		tery	_	uas, Pue	rto R	ico	TATE
VIR ATS ME (5))		neral DIRECT		eral Home,	Baltimore	,Md. 2	21211 N	OV 21	egistrar 236 rec	SISTRAR'S SIGN	GNATURE	

333063	1 - 8	OR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE	REG. NO		0 0	*
	1. DECE	ASED NAME	FIRST		MIDDLE		AST	2a. DATI	OF DEATH A	MONTH	DAY YEAR	2b. HOUR
oy be loge 3 death	, incom	_	lazel	I	ouise	W	elch	Nove	ember 1	15,	1985	M
mod a	3. SEX			4. RACE		5. DATE C			IN YEARS LAST BIRTH	(DAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
- secto	F .	Female		White	9	Sept	. 4, 19	19	66	YRS.	MOTHING DATS	MIN.
Po di po		HPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9. BALTI	MORE CITY OR	COUNT	Y OF DEATH	
to ord or		aryland		U.S.A		WIDOWE	DIVORCED	□   Wa:	shingto	on C	ounty	MD.
offer d		or town of DEA	1		H FACILITY, GIVE STRE	ET ADDRESS)	Shop Roa	(TYPE OF	ALOCCUPATION WORK FOR MOST OF	WORKING LI		OF BUSINESS OR
212		RESIDENCE (# NURS		OTHER INSTITUTION		DRE ADMISSION)	13d. INSIDE CITY LIMIT		ET ADDRESS		21	740
ON TO BE		-		ingtor					te # 3	Во		
MARYLA		Ernest		MIDDLE	Fogl		15. MOTHER'S MAIDEI Grace		WIDDIE		Mart	
A on Pog		S DECEASED EVER		MED FORCES? E WAR OR DATES)	166. SOCIAL SEC 215-14		17. INFORMANT  Linda Jo	Campl	ADDRES Ri Dell H		Box 2	72 Marvla
ST., BALTI	11	PART I. DEATH W	AS CAUSE	ly one couse per D BY: E CAUSE (0)	line far (a), (b), o							MATE INTERVAL ONSET AND DEATH
is, 201 W. PRESTON ST vires that the death certi- igned by the attending pen please remove carbon en please remove carbon burial, cremation, ar ren vry, or ather traumatic ev	P	Conditions, if ony, gave rise to imm couse (0), statin underlying couse  ART 2 OTHER SIGN	nediate g the last.	10/2	AS A CONSEQ	UENCE OF	NOT PRATED TO THE	notion	Line	2-16	/	0
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir of offending physicion. When this certificate has been signs the busiol-transit permit. There hand Mental Hygiene prior to be norked or them 18 shows any injury	CERTIFICATION	a DATE OF OPERAT	10N	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 A	UTOPSY?	IN CERTI	S, WERE FINDII	NGS USED 5 OF DEATH? NO
OF VITA CLAN: The applying of the property of		OR CONTRIBUTING C	AUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR	21 HOW INJURY OF					
IVISION  G PHYSI  offending  ter this ce is the buri	WEDIC 2	NOT WHILE NOT WH	RED	21e PLACE	OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC )	211 LOCATION STREET		CITY OR TOW	'N	COUNTY	STATE
ATTEND spital or spital or spital or crok: A C		20.1 certify that (1) saw the decease above, (1) (we) (c) 26. SIGNATURE			1 / -	85.0	d that in (my) 100 TOP		urred on the dat	e and have	19	
TAL OR A My the ha		Alen	· K.	Man	6	This	De ATTENDIN	NG MEDIC	AL STAFF	AN 🗌	11/	119/85
O HOSPI Cerained b	r	JOHN			H, Mi	D.			TOMA		7. 217	40
5 £ 5 € 3 ₹		RIAL, CREMATION,	REMOVAL				EMETERY OR CREMATO		OCATION CITY OR TOWN		COUNTY	STATE
BP	В	urial		11-19		edar I	Jawn Mem.	Pk. Ha	gersto	wn V	Washin	gton Md
DHMH - 16 50M 4/82	1 1 1 1 1 1	ERAL DIRECTOR	an Fi	neral	Had	ersto	wn, Md.	UV 22	1985 PAP	M REGIS	IA ARSAICA DA	West !

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

#### FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

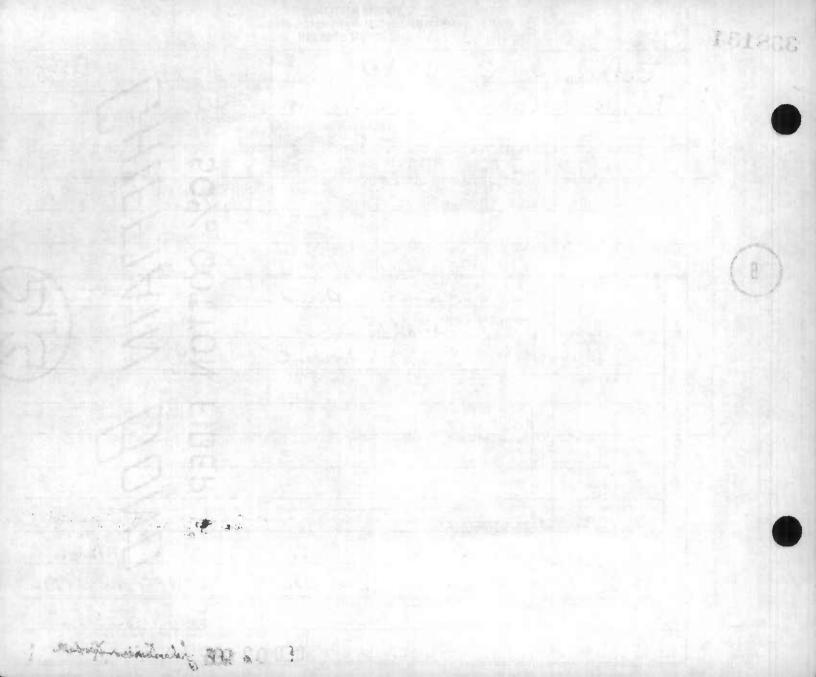
								REG. NO	).						
		DECEASED NAME FIRST Grace LAST ZO. DATE OF DEATH MONTH DAY YEAR ZO HOUR													
	TITPE	Corpherin.	e) (	7	Whit.	e	22.5	11-25-	95		4,73	35	AM		
	3. SEX		4 RACE		S. DATE C		31772	6 AGE TIN YEARS LAST BIR	HDAY)	IF UNDER		IF UNDER			
	,	Famalel	Caus	asian	MONTH	DAY	95	90		MONIHS	DA15	HOURS	MIN.		
	7a. Bil	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	100	TRY? 8	1 - 1.5-		9 BALTIMORE CITY O	R COUNT	Y OF DE	ATH				
4		ryland	USA		MARRIE	D NEVER MA			hingt						
1				DROTHER INSTIT	RCED						MD.				
1	IU CI	TY OR TOWN OF DEATH	(IF NOT IN SUI	CH FACILITY, GIVE S	TREET ADDRESS)		UTION	126 USUAL OCCUPATE (TYPE OF WORK FOR MOST O			JSTRY	BUSINI	ESS OR		
1	-	gerstown			Nursing	g Home	laundry					The same			
2	13a. S	UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE 136 STREET ADDRESS / ZIP CODE									6 01111				
1			ington	Hager			10 🗆	12 S. Walnut Street							
P	14 FA	THER'S NAME				15 MOTHER'S A		ΛE			0.1				
1	7 3	Albert	MIDDLE	Kretz	er	Ka	tie	Riden	ur		LAST				
4	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?		SECURITY NO.	17 INFORMANT		ADDRE							
6		(IF YES, GIV	E WAR OR DATES)	219-14		David II	h # 4 -								
3	140			213-14	-103T	Paul W	nite,	Hagerstown	Ma.						
9		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		r line for (o), (b	ond ici.	1	. ,			BE	TWEEN	NATE INTE	DEATH		
			E CAUSE (0)	0.0	and a	th	ray,								
			DUE TO, C	R AS A CONS	EQUENCE OF	,									
	100	Conditions, if ony, which ( (b) Hyperteum'ar											4		
		gove rise to immediate  Couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF													
		underlying couse lost.	(6)	A	Jour le	Deu	reath	2							
		PART 2 OTHER SIGNIFICANT (	CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	O THE TERMI	INAL DISEASE OR CON	DITION GI	VEN IN P	ART 100	,			
	No.														
1	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORA	200 AUTOPSY?	206 IF YE	S, WERE	FINDIN	GS USE	0			
	F							YES NOT YES			ING CAUSES OF DEATH?				
	ERT	210 ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		121c HOW INJU	IRY OCCURR				ART 2)	140 [			
1															
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		M.	19	211 LOCATION			- 15	-	746				
	MEC		(AT HOME, ST	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC )	STREET		CITY OR TO	WN	COU	NTY	9	TATE		
		AT WORK NOT WHILE AT WORK							100						
	190	22a L certify that (1) (this haspital) attended the deceased from										hot (1) (			
		sow the deceased alive on above, (1) (we) (did) (did no	t) view the body	after death.	19, or	nd that in (my) (o	ur) opinion o	deoth occurred on the do	ite and ha	ur and fre	om the c	ouses st	ated		
		27b SIGNATURE DEGREE										SIGNED			
		(	1.019	-Pu	1	CU & PH	ENDING YSICIAN	MEDICAL STAI			11/2	66			
1	W	224 PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRESS		11.6				-			
	m	ABDUI WI	HEED	INIO		1660	OAK	thic Ave.	HAC	5 /	un	217	40		
	73n R	SURIAL, CREMATION, REMOVAL	23b. DATE	• • • •	23c NAME OF C	EMETERY OR CRI	FMATORY	123d LOCATION		7 1					
	- (	SPECIEY)	Nov. 27			ill Ceme		CITY OR TOWN	T.T.	COUNT	M <sub>a</sub>	20 T T	TATE		
ı						rii ceme		Hagerstov					ind		
24 FUNERAL DIRECTOR MINNICH FUNERAL HOME															

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If hem 21 is

415 E. Wilson Blvd., Hagerstown, Md. 21740

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STATE OF MARYLAND

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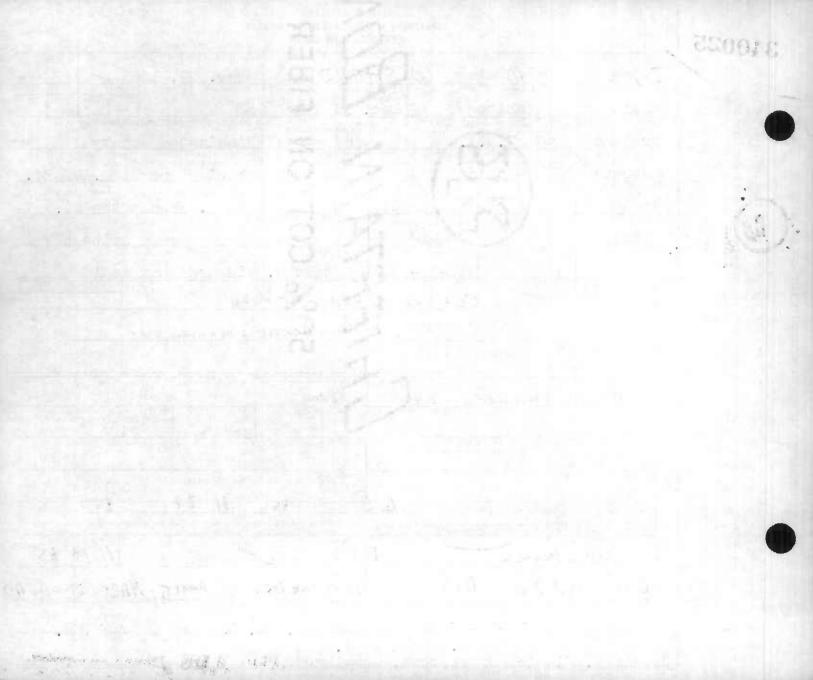
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DHMH - 16 60M 7/8-(VRA 15, 4)

STATE OF MARYLAND FOR
- STATE
/ REGISTRAR CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DE		MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
	CEASED NAME FIRST	MIDDLE					
	OR PRINT)	- M /.	LELIADE	75 0.0	7005		
-	oyce	111. a	ハンイイドン	Nov. 21	, 1985		1
. SE	x /	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR		DERTYEAR	IF UNDER 24 HRS
777		1.00	MONTH DAY YEAR	20	MONTH	S DAYS	HOURS MIN.
Tr. 6	emale	White	Dec. 16 1926	58	YRS		
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	? 8	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
and site	COUNTRY)	TT C 1	MARRIED MEVER MARRIED	27. 2. 1	~		
Ma	aryland	U.S.A.	WIDOWED DIVORCED	Washingt	on Cour	ltv	M
). CI	TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATI			BUSINESS OF
TT.	ale and ask as	(IF NOT IN SUCH FACILITY, GIVE STREET		TYPE OF WORK FOR MOST C	0 3 =	DUSTRY	G 200 3
	aherstown		County Hospital	Crossing	Guard 1	3a. (	)T Ed.
SU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e.STREET ADDRESS	/ TID CODE	41	140
							1-10
		shington Hager	cstown YES T NO -		ashingt	ion a	T.
FA	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME			
	Earl		FIRST	MIDDLE	0.	1AST	. 1
_	The state of the s	Yeakle	2,1012	4.000	Se	ei ber	T
	VAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SECTIVE WAR OR DATES)	URITY NO. 17 INFORMANT	ADDRE	522		
1	YES, NO OK UNKNOWN) (IF TES GI	227-34-	-0511 Robert R.	Wishard	somo os	77	
	.,0	661-24-	-OUTTI TODEL 6 TF	ATRIGIC	same as		
	PART I, DEATH WAS CAUSE	nly ane cause per line far (a), (b), at	STIVE HEART FAIL			BETWEEN	NATE INTERVAL
	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause last.	DUE TO, OR AS A CONSEOU					
NOI	gave rise to immediate couse (a), stating the underlying cause last.  PART 2. QTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO  HILLIAR; MA	JENCE OF  DEATH BUT NOT RELATED TO THE TERM  LUMMMT SX			N PART 11a	
AIION	gave rise to immediate couse (a), stating the underlying cause last.  PART 2. QTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO  HILLIAR; MA	JENCE OF		IDITION GIVEN IF	RE FINDIN	GS USED
FICATION	gove rise to immediate couse (o), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO  HILLIAR; MA	JENCE OF  DEATH BUT NOT RELATED TO THE TERM  LUMMMT SX	INAL DISEASE OR CON	20b. IF YES, WE	RE FINDIN	GS USED OF DEATH?
KILICATION	gove rise to immediate couse (o), stoting the underlying cause last.  PART 2. OTHER SIGNIFICANT IN THE UNITED TO THE COUNTY OF THE UNITED TO T	DUE TO, OR AS A CONSEQUE  (2)  CONDITIONS CONTRIBUTING TO  1316 CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM  WHO THE TERM  H OPERATION WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WE IN CERTIFYING	RE FINDIN CAUSES	GS USED
CERTIFICATION	gove rise to immediate couse (o), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT PROPERTION  190. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICH  21b. TIME OF INJURY	DEATH BUT NOT RELATED TO THE TERM  LAMENTO  HOPERATION WAS PERFORMED  1216 HOW INJURY OCCUR	200 AUTOPSY?  YES NO	20b. IF YES, WE IN CERTIFYING	RE FINDIN CAUSES	GS USED OF DEATH?
	gove rise to immediate couse (0), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT  PART 2. OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO  196. CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TERM  LAM TO THE TERM  H OPERATION WAS PERFORMED  DAY YEAR 216 HOW INJURY OCCURI	200 AUTOPSY?  YES NO	20b. IF YES, WE IN CERTIFYING	RE FINDIN CAUSES	GS USED OF DEATH?
	gove rise to immediate couse (o), stoting the underlying cause last.  PART 2. OTHER SIGNIFICANT  190. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER, NOTIFY MEDICAL EXAMINE	DUE TO, OR AS A CONSEQUE  CONDITIONS CONTRIBUTING TO  PILLUM: MY  196, CONDITION FOR WHICH  216, TIME OF INJURY HOUR A.M. MONTH D P.M.	DEATH BUT NOT RELATED TO THE TERM  LAMINATION  HOPERATION WAS PERFORMED  DAY YEAR  19	200 AUTOPSY?  YES NO	20b. IF YES, WE IN CERTIFYING	RE FINDIN CAUSES	GS USED OF DEATH?
	gove rise to immediate couse (0), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT  PART 2. OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	DEATH BUT NOT RELATED TO THE TERM  LOW MATERIAN  HOPERATION WAS PERFORMED  21c HOW INJURY OCCURING  19  21f LOCATION	200 AUTOPSY?  YES NO	20b. IF YES, WE IN CERTIFYING YES	RE FINDIN CAUSES	GS USED OF DEATH?
	gove rise to immediate couse (o), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT  190. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER. NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED	DUE TO, OR AS A CONSEQUE  CONDITIONS CONTRIBUTING TO  PILLUM: MY  196, CONDITION FOR WHICH  216, TIME OF INJURY HOUR A.M. MONTH D P.M.	DEATH BUT NOT RELATED TO THE TERM  LOW MATERIAN  HOPERATION WAS PERFORMED  21c HOW INJURY OCCURING  19  21f LOCATION	200 AUTOPSY?  YES NO	20b. IF YES, WE IN CERTIFYING YES	REFINDING CAUSES (	GS USED OF DEATH? NO
	gove rise to immediate couse (o), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT TO STORY TO STO	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO  19b, CONDITION FOR WHICH  21b, TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE.	DEATH BUT NOT RELATED TO THE TERM  WHO PERATION WAS PERFORMED  DAY YEAR  19  21f. HOW INJURY OCCUR!  FARM, ETC.)  21f. LOCATION STREET	200 AUTOPSY?  YES NO	20b. IF YES, WE IN CERTIFYING YES	REFINDIN G CAUSES ( OR PART 2) COUNTY	GS USED DF DEATH? NO
	gove rise to immediate couse [01], stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT TO THE SIGNIFICANT OF THE SIGN	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO  ALL UR:  19b, CONDITION FOR WHICH  21b, TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE,  ital) attended the deceosed from.	DEATH BUT NOT RELATED TO THE TERM  LOW MAN TO THE TERM  H OPERATION WAS PERFORMED  DAY YEAR 19 21c HOW INJURY OCCUR!  FARM, ETC.) 21f LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, WE IN CERTIFYING YES	REFINDIN CAUSES ( DRPART 2)	GS USED DF DEATH? NO STATE
	gove rise to immediate couse 101, stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTHEY MEDICAL EXAMINE 210. INJURY OCCURRED  WHILE A WORK NOT WHILE A WORK A WORK IN TOO WHILE A WORK A WORK IN TOO WHILE A WORK  220. Certify that (1) (this hosp saw the deceased alive or	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO  ALL UM:  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY 1ATHOME, STREET, FACTORY, OFFICE.	DEATH BUT NOT RELATED TO THE TERM  LOW MAN AND THE TERM  HOPERATION WAS PERFORMED  DAY YEAR 19 21c HOW INJURY OCCUR!  FARM, ETC.) 21f LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, WE IN CERTIFYING YES	REFINDIN CAUSES ( DRPART 2)	GS USED DF DEATH? NO STATE
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	LANY DEAY IS NECESSARY, THEASE 2, AND 310 THE FUNERAL DIRECTOR 3. RETAIN PAGE 5 FOR YOUR FILES. 2 SHOULD BE FILED, WITHIN 72 HOURS AL RECORDS, 201 W, PRESTON STREET,	1	lagersto	wn	14 Bri	FACILITY, GIVE ST	REET ADDRESS)		TEK INSTITU	HON	FOR MC	uditor	G LIFE)	PE OF WORK	hote	NDUSTRY	(
21201	AND 3 AND 3 RETAIN RECORD		Marylance (	1 13b COUN Wash	or other institution. Try Tington	13c CITY	OR TOWN  gersto		13d INSIDE (	NO [	13e. STREE	Brigh	htwo	od D	r.	217	40
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	N PENCILIN ITEM IS SYAMINER ALCHE W AL - TRANN PERMIT MENTAL H CE ON ON, OR REMOVAL		Canditians	IMMEDIA  , if any, which to immediate tating the under-	DUE TO, C	263 - DR AS A CON	MALNUT	OF	ON						BETWE	ROXIMATE II EN ONSET / ERAL	MOS.
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•	TO MEDICAL EXAMINER: THIS CRITIS EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED IT TO FUNERAL DIRECTOR, PAGE 3 SHY AFTER DEATH, WITH THE STATE DEPAIR BAUTINORE, MARYLAND, 21201 PRO		22a 1 certify death resulted ACTUAL SIGNATURE C EXAMINER'S N (TYPE OR PRIN	Savo	ral causes X,	Accident	Su	Autopoicide^	Hamic	PECIFY) PUTY 217	Undeter	AL EXAMININASH IN	er		DEC	3,	1985
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(VRA 15, 4)

John H. Bast, Jr.

MPORTANT: If Item 21 is marked or Item 18 sha

322095

STATE OF MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1>	FOR STATE REGISTRAR	D		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE REG. NO.		
7/		CEASED NAME FIRST OR PRINT) ALberta	WIDDLE	2e	igler	20 DATE OF DEATH MONTH	SS 3PM	
	3. SEX	F	white	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)  59 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS	
9	B	consboro, Md.	U. S. A.	MARRIE	D DIVORCED	9 BALTIMORE CITY OR COUNT Washington	Y OF DEATH MD.	
7	#0	ayer town of Death	UAShing	YON COL	OR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING L Housewife	176. KIND OF BUSINESS OR INDUSTRY  Own Home	
	13a. S	MO Washi	Y 13t. CITY (		YES 🛣 NO 🗌	13e.STREET ADDRESS / ZIP COD	rc/e 21713	
16	I4 FA	Albertus De	aniel Mul	lendore	15 MOTHER'S MAIDEN NAM	s Young	Alexander	
	NE	^	WAR OR DATES) 210-2	0-1880	Richard E. Z	eigler, ADDRESS Kno	de Circle boro, Md. 21713	
4		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one cause per line for (a) BY: CAUSE (a)	OLO RES	PIRMORS	ARRET	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF	ARDIO MYSK	147744		
	NO	PAN 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTE	NG TO DEATH BUT	NOT RELATED TO THE TERMI	MAL DISEASE OR CONDITION GI	VEN IN PART 1(a	
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY	19	211. LOCATION	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
	AT WORK AT WORK							
		22a.1 certify that (1) (this hospital saw the deceased alive and abave, (1) (we) (did) (did not).  22b. SIGNATURE	5 H // X.	19 <u>A C</u> , an	d that in (my) (aur) apinian d	eath accurred an the date and ha	ur and fram the causes stated	
1		224 PHYSICIAN'S NAME (TYPE OR P	OBINITA	ND		MEDICAL STAFF DIRECTOR   PHYSICIAN	11.8.75	
		OTTO ROZA	ho		100 COMM 15EAD	L DUUR HAUR	enstock to	
	( !	URIAL, CREMATION, REMOVAL SPECIFY) Urial	11-11-85		d Cemetery	23d. LOCATION CITY OF TOWN Middletown.	Fred. Co., Ma.	

Boonsboro, Md. 21713

CONTRACTOR

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Voln B. Bust. 4r. Sconsourc, Md. 21/15

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offer p	3. SE	male	4 RACE white	August 7, 1899	86 YRS.	MONTHS DAYS HOURS MIN.
the Popular	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
	10. CI	rginia ty or town of death agers town		WIDOWED E DIVORCED   DIVORCED   SING HOME OR OTHER INSTITUTION   RETADDRESS! PLAT HOME	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	IZE KIND OF BUSINESS OR INDUSTRY  **Pestaurant**
LAND 2120	USU. 13a. S Ma	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION) DWN 13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE 563 Salem Avenue	
The warry		Jackson VAS DECEASED EVER IN U.S. AI	Campbe Campbe	ll Susan	MIDDLE ADDRESS	LAST
BALTIMOR out	0		ive war or dates) 213-16		immerman, William	sport, Md.
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BP			Nov.19,1985   CH FUNERAL HOM	Cedar Lawn Mem.Park	Hagerstown, Wa	RAR'S SIGNAL WOLLD
DHMH - 16 50M 4/83 (VRA 15, 4)		NAME	od Hagenstown	Md. 21740	21 1900 gulava	Madel

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